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FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 102D CONGRESS

FOR THE PERIOD

January 1, 1990, to December 31, 1990

Submitted to the Clerk of the House

Pursuant to 5 U.S.C. App. 6 § 703

(Volume 1 of 2)

July 30, 1991.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

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U.S. GOVERNMENT PRINTING OFFICE
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House Doc. No. 102-125

Donnald K. Anderson
Clerk

Patricia A. Rios, Director
Office of Records and Registration

Office of the Clerk
U.S. House of Representatives
Washington, DC 20515-6601

[illegible]

July 30, 1991

R02971
T2348

Honorable Thomas S. Foley
The Speaker
U. S. House of Representatives
Washington, D. C.

Dear Mr. Speaker:

I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §701 *et seq*.), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1991, and includes the financial transactions as reported therein which occurred between January 1, 1990 and December 31, 1990.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports sent to him by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With great respect, I am

Sincerely yours,

Donnald K. Anderson
DONNALD K. ANDERSON, Clerk
U.S. House of Representatives

Enclosure

ALPHABETICAL COMPILATION OF FINANCIAL DISCLOSURE REPORTS FILED BY MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES PURSUANT TO HOUSE RULE XLIV

(1)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 5:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

NEIL ABERCROMBIE
(Full Name)

1440 LHOB
WASH DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: HAWAII District: 1ST.	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) O

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
SELF	CITY/COUNTY OF HONOLULU, HA	SALARY	35,000.—	
	CARING FOR LIFE FOUNDATION - HON HI	CONSULTANT FEE	750.—	
	HAWAII SUPER PRIX - HON HAWAII	" "	18,000.—	
SPOUSE	NEW YORK UNIV - N.Y.C.	HONORARIUM	1,000.—	
	HAWAII MEMORIAL PARK ASSOC. } DBA	BOTHWICK		
	HAWAII MEMORIAL LIFE PLAN } KANEOHE HI	NEWSLETTER / BROCHURE		
	HAWAII MORTUARY			
	UNIV OF. HAWAII WOMEN'S STUDY DEPT.	BROCHURE		
	UNIV. OF HAWAII - MANOA / HON C.C. / W. OAHU COL. HON, HI	TEACHER		

For additional earned income, use next page

Reporting Individual's Name
ABERCROMBIE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Category of Value (X)									BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		APT - CO-OP 1630 MAKIKI ST, HONOLULU				X							X										X					
S		CERTIFICATE OF DEPOSIT			X									X							X							

For additional assets and unearned income, use next page

Reporting Individual's Name
ABERCROMBIE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	BANK OF HAWAII, HON. HI	APT CO-OP HONHI MORTGAGE - 1630 MAKIKI ST		X					

Reporting Individual's Name
ABERCROMBIE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ABERCROMBIE

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
DIRECTOR	CARING FOR LIFE FOUNDATION - Hon Hi
CONSULTANT	HAWAII SUPER PRIX - Hon Hi

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Neil Abercrombie

DATE (Month, Day, Year) 5-15-91

MAY 16 AM 11:33

MAY 15 1991

MC (Office Use Only) 11

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990	FORM A For use by Members, officers, and employees

GARY L. ACKERMAN (Full Name)

182-15 Radnor Road (Mailing Address)

Jamaica, NY 11432

Filer Status	☒ Member of the U.S. House of Representatives — State: NY District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 18.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$600	
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Tribco Inc	Spouse Salary	NA	
	Pride of Judea Mental Health Clinic	Spouse Salary	NA	
	Group Health Association of America (3-19-90)	Honorarium	$ 2,000	
	National League of Postmasters (2-28-90)	"	$1,000	
	American Federation of Government Employees (3-29-90)	"	$1,000	
	American Trucking Association (5-10-90)	"	$1,000	
	U.S. Telephone Association (5-29-90)	"	$1,000	
	Association of American Railroads (6-20-90)	"	$ 500	

For additional earned income, use next page

Reporting Individual's Name
Gary Ackerman

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
National Association of Postal Supervisors	(8-27-90)	Honorarium	$ 1,000	
American Psychological Association	(9-29-90)	"	$ 2,000	
National Association of Letter Carriers	(8-20-90)	"	$ 2,000	
The Connell Company, NJ	(11-29-90)	"	$ 2,000	
American Postal Workers Union	(12-01-90)	"	$ 2,000	
American Postal Workers Union	(11-26-90)	"	$ 2,000	
Morgan Stanley	(12-07-90)	"	$ 2,000	
Yon Sei University, Seoul	(11-06-90)	"	$ 80	
Lions Club, Taiwan	(11-08-90)	"	$ 925.92	
Tamkang University, Taiwan	(11-11-90)	"	$ 1,500	
Oriental Daily News, Hong Kong	(11-12-90)	"	$ 1,000	
Jr. Chamber of commerce, Seoul	(11-08-90)	"	$ 800	

Reporting Individual's Name

Gary Ackerman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-5. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A None (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		News Communications Inc stock					X																					X
		News Communications Inc note						X						X									X					
		Flushing Tribune Inc /Multi Media Adv			X													See Agreements										
		(possible accounts receivable)																										
JT		Condo - Hawaiian Gardens Lauderdale Lakes, FL			X								X									X						
		T Bills			X									X								X						X
		ABT Utility - Mutual Fund	X									A			B				A B									X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Gary Ackerman

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
JT	European American Bank (money market)		x										x					x									
	Maximum Savings Bank/Columbia First CD	x											x							x							x
	Nathan & Lewis Securities	x											x					x									
	Fidelity Magellan Fund		x								A		B					A B									x
	Fidelity NY High Yield			x							x									x							x
	Melrose Credit Union				x								x						x								
	Wright Patman Credit Union				x								x						x								
	Hi Lo Investment Club (stock)	x											x					x									
	IRA: Equitable Life			x							x							x									
	IRA: Equitable Life: spouse			x							x							x									
	Keogh: Mony Capital Retirement Plan			x							x							not ascertainable									x
	Gannett Co. Inc.		x								x							x									
	Kentucky Central Life		x								x							x									x bought
	Grand Metropolitan		x								x							x									x bought

(see continuing page)

④

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Gary Ackerman

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Trans Expl. Partners Ltd.	x												x					x								x sold
	Disney	x									x							x									x sold
	MCA	x									x							x									x sold
	Ingles Mkt	x																									x sold
	RBB/Bedford Money Mkt Fund		x								x							x									
	Shearson American Express Daily Dividend Fund		x								x								x								
	Richfood Holdings	x																									x sold
	Home Cash Reserves	x									x							x									

Reporting Individual's Name
Gary Ackerman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Spartan NY Municipal Hi Yield Mutual Fund (Fidelity)	x x			8-20-90 6-25-90	x	 x					
	Kentucky Central Life - stock	x			7-05-90	x						
	Transco Expl Partners Ltd		x		9-11-90	x						
	U.S. Treasury Bills		x		4-09-90		x					
	Disney Stock	A	 B		2-26-90 11-12-90	A	 b					

(see continuing page)

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individurl or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	The Kislak Organization	Mortgage on Lauderdale Lakes, FL	x						
	Ambassador Savings & Loan	Mortgage on Lauderdale Lakes, FL	x						

Reporting Individual's Name
Gary Ackerman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Maximum Savings/Columbia First - CD		x		6-90		x					
	ABT Utility		x		4-09-90	x						
	MCA		x		12-18-90	x						
	Ingles Mkts		x		1-17-90	x						
	Richfood Holdings		x		1-17-90	x						

(see continuing page)

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Gary Ackerman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Grand Met	x			12-18-90	x						
	MCI Stock - exercise option	x			11/90	x						
	Keogh: Mony Capital Retirement Plan	x			4-15-90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Gary Ackerman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	General Motors	Civil War Tapes	$120

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U.S. Telephone Association		4/26-29/90	Roundtrip airfare only,NY-Phoenix (self & spouse)	
National Assoc. Postal Supervisors		8/6-7/90	" " NY-San Diego, one day food/lodging	
American Psychological Assoc.		8/11/90	" " NY-Boston	
National Assoc. of Letter Carriers		8/19-21/90	Airfare from NY-New Orleans-DC, two days food/lodging	
American Postal Workers Union		7/27-30/90	Roundtrip air,DC-Las Vegas, two days food/lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

(see continuing page)

Reporting Individual's Name
Gary Ackerman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

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NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

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NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Assoc. of Letter Carriers		10/28-29/90	Roundtrip air, NY-Atlantic City, one night lodging/food	
American Postal Wrokers Union		10/17-18/90	Roundtrip air, DC-New Orleans, one night lodging/food	
Yon Sei University, Seoul, Korea		11/4-8/90	Airfare, NY-Seoul, three nights lodging/food	
Tamkang University, Taiwan		11/8-13/90	Airfare, Seoul-Taipei-Hong Kong-NY, three nights lodging/food	
Oriental Daily News		11/11-13/90	Meals/lodging, Hong Kong	

Medco 12/26-28/90 Airfare only, NY-Tampa-Ft. Lauderdale-NY

Reporting Individual's Name
Gary Ackerman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	News Communications Inc
Director	Flushing Boys Club

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable,	
	of the Flushing Tribune Inc. and Multi Media Inc. until all such assets are paid.	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Gary L. Ackerman	**DATE (Month, Day, Year)** May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

WILLIAM V. ALEXANDER, JR.
(Full Name)
233 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Arkansas — District: First	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

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In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Restaurant Association (1-4-90)	Honoraria	$ 750.00	
	Arkansas Electric Coop. Corporation (4-19-90)	Honoraria	1200.00	
	National Rural Electric Coop. Corporation (6-27-90)	Honoraria	1500.00	
	The Connell Company (5-10-90)	Honoraria	2000.00	
	Spreckels Industries, Inc. (9-28-90)	Honoraria	500.00	
	Information Resources, Inc. (10-19-90)	Honoraria	2000.00	
	Producers Rice (11-13-90)	Honoraria	1500.00	
	The Connell Company (11-16-90)	Honoraria	2000.00	
	Arkansas Assoc of Bank Holding Companies (11-13-90)	Honoraria	2000.00	
	Federal Express Corporation (12-90)	Honoraria	2000.00	

For additional earned income, use next page

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
The Connell Company (9-20-90)	Honoraria	$2000.00	
Richard Hall (12-90)	Honoraria	2000.00	
Hector Alcalde (12-90)	Honoraria	2000.00	
Healthtrust, Inc. (12-10-90)	Honoraria	2000.00	
Chicago Mercantile (12-90)	Honoraria	750.00	
Chicago Board of Trade (12-90)	Honoraria	750.00	
Southern Farmers Association (12-90)	Honoraria	350.00	
Phillip Morris (12-21-90)	Honoraria	1000.00	
Hopkins Sutter	Spouse's Salary	N/A	

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A–3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		FEDERAL EXPRESS STOCK		X											X				X									SOLD
		WALMART STORES, INC., STOCK		X											X						X							SOLD
		Rental Portion of Washington, D.C.,				X							X										X					
		Residence																										
		Capitol Ave., Development Company		X											X								X					SOLD
		TCBY Bldg., Little Rock, AR																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Northwest Holding Company of Ft. Smith					X												X									
	Commercial Bldg, 500 Rogers Ave., Fort Smith, Arkansas																										
	Boulder Properties I	X																X									
	Condominium Deve., Boulder, Co.																										
	Undeveloped Commercial Lot,			X														X									
	Highway 140, Osceola, Arkansas																										
S	Key Largo Undersea Park, Inc. Stock		X															X									
S	A Plus Leasing & Equipment Co., Inc.		X															X									
	Stock																										

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Federal Express Stock		X		3-26-90	X						
	Walmart Stores, Inc., Stock		X		3-26-90	X						
	Capitol Ave. Development Company		X		2-12-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Mercantile Bank, Jonesboro, AR	Investment loan-Boulder Properties I				X			
	Caraway Bank, Caraway, Arkansas	Investment loan-Boulder Properties I		X					
	Twin City Bank, North Little Rock, Arkansas	Investment loan-Boulder Properties I					X		
	Mid-South Bank, Jonesboro, Arkansas	Investment loan-Boulder Properties I				X			
	Mercantile Bank-Trustee	Investment loan-Boulder Properties I				X			

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

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	Example: ABC Corporation Common Stock	X			10-12-80			X				
	N/A											

PART V—LIABILITIES

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S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Preferred Investments Inc., Key Largo, Florida	Investment loan-Boulder Properties					X		
	United Federal Savings & Loan, Jonesboro, AR	Mortgage-Rental Portion D.C. Residence			X				

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

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NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N/A		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

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Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
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	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Connell Company		5-10-90	Roundtrip Air Travel from Wash. D.C. to New York	
The Connell Company		9-20-90	Roundtrip Air Travel from Wash. D.C. to New York	
The Connell Company		11-16-90	Roundtrip Air Travel from Wash. D.C. to New York	
Chicago Mercantile & Chicago Board of Trade		12-90	Roundtrip Air Travel from Wash. D.C. to Chicago	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Northwest Holding Company at Fort Smith
Partner Partner	Boulder Properties I Capitol Avenue Development Company
President	A Plus Leasing & Equipment Co., Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☒ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Wm V Alexander Jr.

DATE (Month, Day, Year)
May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

WILLIAM V. ALEXANDER, JR.
(Full Name)

233 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Arkansas District: First	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

1991 MAY 29 PM 1:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Restaurant Association (1-4-90)	Honoraria	$ 750.00	
	Arkansas Electric Coop. Corporation (4-19-90)	Honoraria	1200.00	
	National Rural Electric Coop. Corporation (6-27-90)	Honoraria	1500.00	
	The Connell Company (5-10-90)	Honoraria	2000.00	
	Spreckels Industries, Inc. (9-28-90)	Honoraria	500.00	
	Information Resources, Inc. (10-19-90)	Honoraria	2000.00	
	Producers Rice (11-13-90)	Honoraria	1500.00	
	The Connell Company (11-16-90)	Honoraria	2000.00	
	Arkansas Assoc of Bank Holding Companies (11-13-90)	Honoraria	2000.00	
	Federal Express Corporation (12-90)	Honoraria	2000.00	

For additional earned income, use next page

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
The Connell Company (9-20-90)	Honoraria	$2000.00	
Richard Hall (12-90)	Honoraria	2000.00	
Hector Alcalde (12-90)	Honoraria	2000.00	
Healthtrust, Inc. (12-10-90)	Honoraria	2000.00	
Chicago Mercantile (12-90)	Honoraria	750.00	
Chicago Board of Trade (12-90)	Honoraria	750.00	
Southern Farmers Association (12-90)	Honoraria	350.00	
Phillip Morris (12-21-90)	Honoraria	1000.00	
Hopkins Sutter	Spouse's Salary	N/A	

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	FEDERAL EXPRESS STOCK		X											X				X									SOLD
	WALMART STORES, INC., STOCK		X											X						X							SOLD
	Rental Portion of Washington, D.C., Residence				X							X										X					
	Capitol Ave., Development Company TCBY Bldg., Little Rock, AR		X											X								X					SOLD

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Northwest Holding Company of Ft. Smith Commercial Bldg, 500 Rogers Ave., Fort Smith, Arkansas					X												X									
	Boulder Properties I Condominium Deve., Boulder, Co.	X																X									
	Undeveloped Commercial Lot, Highway 140, Osceola, Arkansas			X														X									
S	Key Largo Undersea Park, Inc. Stock		X															X									
S	A Plus Leasing & Equipment Co., Inc. Stock		X															X									
S	Sea Lodge International, Inc., Stock		X															X									

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Federal Express Stock		X		3-26-90	X						
	Walmart Stores, Inc., Stock		X		3-26-90	X						
	Capitol Ave. Development Company		X		2-12-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Mercantile Bank, Jonesboro, AR	Investment loan-Boulder Properties				X			
	Caraway Bank, Caraway, Arkansas	Investment loan-Boulder Properties		X					
	Twin City Bank, North Little Rock, Arkansas	Investment loan-Boulder Properties					X		
	Mid-South Bank, Jonesboro, Arkansas	Investment loan-Boulder Properties				X			
	Mercantile Bank-Trustee	Investment loan-Boulder Properties				X			

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	N/A											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Preferred Investments Inc., Key Largo, Florida	Investment loan-Boulder Properties I					X		
	United Federal Savings & Loan, Jonesboro, AR	Mortgage-Rental Portion D.C. Residence			X				

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N/A			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Connell Company		5-10-90	Roundtrip Air Travel from Wash. D.C. to New York	
The Connell Company		9-20-90	Roundtrip Air Travel from Wash. D.C. to New York	
The Connell Company		11-16-90	Roundtrip Air Travel from Wash. D.C. to New York	
Chicago Mercantile & Chicago Board of Trade		12-90	Roundtrip Air Travel from Wash. D.C. to Chicago	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Northwest Holding Company at Fort Smith
Partner	Boulder Properties I
Partner	Capitol Avenue Development Company
President	A Plus Leasing & Equipment Co., Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☒ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Wm V Alexander Jr

DATE (Month, Day, Year)
May 23, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -8 PM 2:2
U.S. [illegible] REPRESENTATIV

HAND DELIVER

A. Wayne Allard
(Full Name)

513 Canon HOB
(Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: Colorado District: 4th	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC

(Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Legislator - Colo. State Senate	Salary	$17,500	
	Allard Animal Hospital	Spouse Salary	10,000	

For additional earned income, use next page

Reporting Individual's Name
A. Wayne Allard

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset — Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			A. Wayne Allard D.V.M. P.C.(share) 714 N. Taft, Loveland, CO			X							X												X				
JT			Veterinary Hospital Bldg & Land				X							X											X				
JT			2001 7th Street Greeley, CO			X								X									X						
			Spring Canyon Investments Ltd.		X										X								X						
			RMR Group, note receivable		X										X						X								
			William F. Tunnicliff, note Receivable		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

A. Wayne Allard

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	RMR Group note receivable			X									X							X							
	Nellie R. Stewart Estate		X										X							X							
	A. Wayne Allard Trust				X													X									
	one-half interest in Lots 1-5																										
	Block 3; Lots 1-10, Block 2																										
	and adjacent 12 acre parcel																										
	of vacant land; 2nd																										
	subdivision of Tract 3, Loch																										
	Lon 13th Addition, City of																										
	Loveland, Colorado																										
JT	Kemper Municipal Bonds		X										X							X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

A. Wayne Allard

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Savings accounts:					X							X									X					
	1st National Bank, Loveland CO																										
	Westlake National Bank, Loveland CO.																										
	Congressional Federal Credit Union																										

Reporting Individual's Name
A. Wayne Allard

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Fireman's Fund Mortgage	1st Mortgage - 2001 7th St. Greeley, CO		X					

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
A. Wayne Allard

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

A. Wayne Allard

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	A. Wayne Allard DVM - PC
Limited Partner	Spring Canyon Investments Ltd.
Senator	State of Colorado, Dist. 15
Trustee	Kermit L. Allard Trust

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
A. Wayne Allard	May 7, 1991

GPO: 1991 27-080 (m)

WAYNE ALLARD
4th District, Colorado

513 Cannon House Office Building
Washington, D.C. 20515
(202) 225-4676

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

COMMITTEES
AGRICULTURE
Sub-Committees
Livestock, Dairy, and Poultry
Conservation, Credit and Rural Development
Department Operations, Research, and Foreign Agriculture
INTERIOR AND INSULAR AFFAIRS
Sub-Committees
Water, Power, and Offshore Energy Resources
Energy and the Environment
SMALL BUSINESS

HAND DELIVERED

① ✓

MC

June 19, 1991

Office of Clerk
Office of Records and Registration
1036 Longworth HOB
Washington, DC 20515

Dear Madame/Sir:

This letter should be considered an amendment to my 1990 financial disclosure statement recently filed with your office.

The nature of this amendment is to detail a personal loan I made to my 1990 campaign and subsequent partial reimbursement. This information is all listed in my campaign FEC reports, but apparently should be listed with the information on file with your office as well.

Therefore, please add the following to my reported disclosure information:

Part II (Assets and Unearned Income)

Block A Asset & Income Source	Block B Valuation of Asset	Block C Amount of Income
Allard for Congress, loan/repayment. (Original loan of $30,000 @ 10% interest)	$10,000 plus all accrued interest	Principal repaid in 1990 = $20,000

Please let me know should there be any other information you would require, or clarification of the above.

Sincerely,

Wayne

Wayne Allard

☐ FORT COLLINS OFFICE
Rocky Mountain Bldg., Suite 307
315 West Oak
Fort Collins, CO 80521
(303) 493-9132 • Fax 493-9144

☐ GREELEY OFFICE
Greeley National Plaza, Suite 350
821 8th Street
Greeley, CO 80632
(303) 351-7582 • Fax 351-7585

☐ SOUTHEAST OFFICE
U.S. Post Office, Room 243
LaJunta, CO 81050
(719) 384-7370 • Fax 384-0536

NORTHEAST OFFICES
☐ 705 So. Division Ave.
Sterling, CO 80751
(303) 522-1788

☐ 311 E. Platte
Fort Morgan, CO 80701
(303) 867-8909 • Fax 867-2583

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 14 [illegible]
[illegible]

HAND DELIVERED

Glenn Malcolm Anderson
(Full Name)

11918 Hawthorne Blvd.
Hawthorne, CA 90250
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: California District: 32nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Hawthorne Savings & Loan, Hawthorne, CA	Director Fee	$15,000.00	
	Hawthorne Financial Corp., Hawthorne, CA	Director Fee	1,000.00	
	Downtown Enterprises, Hawthorne, CA	Director Fee	1,100.00	
	State of California Legislators Retirement	Retirement	53,758.00	
	SPOUSE			
	Downtown Enterprises, Hawthorne, CA	Director Fee	1,100.00	

For additional earned income, use next page

Reporting Individual's Name
Glenn Malcolm Anderson

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
SPEAKING ENGAGEMENTS - HONORARIUM			
Associated General Contractors of America (3-23-90)	Honorarium	2,000.00	X
Security Management Co. (4-11-90)	"	400.00	X
ATA Foundation (4-24-90)	"	2,000.00	X
Specialized Carriers & Rigging Assoc. (4-23-90)	"	1,000.00	X
Bell Helicopter (6-5-90)	"	2,000.00	X
Association of American Railroads (7-19-90)	"	2,000.00	X
ARTBA (10-17-90)	"	1,000.00	X
Myron Laible (10-31-90)	"	150.00	X
Jim Lloyd (11-1-90)	"	200.00	X
Ruth Segal (11-1-90)	"	200.00	X
Garnett Outdoor (10-19-90)	"	1,000.00	X
Martin Communications, Inc. (10-24-90)	"	500.00	X
Kunz & Co. (10-26-90)	"	100.00	X
Patrick Media (10-22-90)	"	1,000.00	X
Kanawha Valley Adv. Co. (10-26-90)	"	250.00	X
Donrey (12-1-90)	"	500.00	X
C. Maxwell, Co. (12-1-90)	"	500.00	X

Reporting Individual's Name
Glenn Malcolm Anderson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	1950 Associates (partnership)				X												contrb.			X							
JT	Hawthorne Financial,HawthorneCA					X					X											X					
JT	Downtown Ent. HawthorneCA		X								X							X									
JT	Placer S/L, Auburn CA	X									X								X								
JT	Mercury S/L,Huntington Bch, CA		X								X							X									
JT	Frontier S/L,Redondo Bch, CA		X								X							X									
JT	Atlantic Richfield, L.A. CA		X								X							X									
JT	American GeneralCorp.Houston,TX		X								X								X								
JT	Hawthorne S/L, Hawthorne, CA												X									X					
JT	Bank of America, Hawthorne, CA												X						X								
JT	Congressional Employ.Fed.Cr.Un.												X					X									
JT	Rancho Dominguez Bk,Carson CA						X						X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Glenn Malcolm Anderson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	San Leandro Property(partnership)			X													distrb.		X								
JT	STORE BLDG. 11922 Hawthorne Blvd., Haw. CA						X					X											X				
JT	RESTAURANT 11908 Hawthorne Blvd., Haw. CA						X					X											X				
JT	APARTMENTS-11862,11858,11864 11850 Hawthorne Blvd., Haw. CA						X					X												X			
JT	DUPLEX & HOUSE 4251,4257,4265 122nd St. Haw.CA						X					X											X				
JT	HOUSE 418 S.Capitol, Washington, DC					X												X									
JT	APARTMENTS 3927-35Imperial HwyInglewood CA						X					X											X				
JT	APARTMENTS 3911 W.Imperial HwyInglewood,CA						X					X											X				
JT	APARTMENTS 141 Spruce St. Inglewood, CA						X					X											X				
JT	CONDO 3432 Peck Ave., San Pedro CA							X										X									
JT	CONDO 1239 Rosecrans, Gardena, CA					X						X						X									
JT	LaQuinta Property								X									X									
JT	HOUSE 12319 Cedar St. Hawthorne, CA					X						X										X					

Financial Disclosure A-2(a)

Reporting Individual's Name

Glenn Malcolm Anderson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE XX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Bank of America, Hawthorne, CA	Mortgage on 11922 Hawthorne Blvd.Haw. CA		X					
JT	Wells Fargo Bank, Hawthorne, CA	Mortgage on 12319 Cedar St. Hawthorne. CA		X					
JT	Hawthorne S/L, Hawthorne, CA	Mortgage on 3911 Imperial Hwy.InglewoodCA	X						
JT	Hawthorne S/L, Hawthorne, CA	Mortgage on 418 So. Capitol, WashingtonDC			X				
JT	Ca. Mortgage Svc., Santa Ana, CA	Mortgage on 141 Spruce St., Inglewood, CA		X					

Reporting Individual's Name
Glenn Malcolm Anderson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Michael A. Andrews, Member of Congress
(Full Name)

303 Cannon H.O.B.
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: 25th District: Texas	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC

91 MAY 15 PM 5:12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(6)

(Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Ann Andrews Interiors, Washington, D.C.	Spouse Income	NA	
	Chicago Research & Trading Group, 1/11/90	Speech	$2,000.00	
	American Institute of Architects, 3/5/90	Speech	$1,000.00	
	American Electronics Association, 1/25/90	Speech	$1,000.00	
	Washington Tax Association, 1/11/90	Speech	$1,000.00	
	Baxter International, 2/26/90	Speech	$1,000.00	
	College of American Pathologists, 1/24/90	Speech	$1,000.00	
	Securities Industry, 2/02/90	Speech	$2,000.00	
	Washington Insurance Consortium, 2/26/90	Speech	$1,000.00	
	Silverstein & Mullins, 2/21/90	Speech	$1,500.00	

For additional earned income, use next page

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Reporting Individual's Name
Glenn Malcolm Anderson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Hawthorne S/L, Hawthorne, CA
Director	Hawthorne Financial Corp., Hawthorne, CA
President & Director	Downtown Enterprises, Hawthorne, CA

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Glenn M. Anderson	May 10, 1991

GPO : 1991 37-088 (m)

Reporting Individual's Name
Michael A. Andrews

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
AIA Federal Affairs, 2/20/90	Speech	$1,000.00	
Dow Chemical, 3/1/90	Speech	$1,000.00	
National Association of Broadcasters, 3/23/90	Speech	$2,000.00	
National Association of Credit Unions, 3/13/90	Speech	$ 750.00	
International Council of Shopping Centers, 4/2/90	Speech	$1,000.00	
Washington Tax Group, 4/5/90	Speech	$1,000.00	
AIG, 4/16/90	Speech	$2,000.00	
Pfizer, 4/25/90	Speech	$1,000.00	
Washington Breakfast Seminar, 4/17/90	Speech	$1,000.00	
Pipeline Dinner Group, 4/30/90	Speech	$1,000.00	
National Stone Association, 4/25/90	Speech	$1,000.00	
American Iron & Steel, 5/25/90	Speech	$ 500.00	
Society of Petroleum Engineers	Speech	$2,000.00	

Reporting Individual's Name
Michael A. Andrews

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
DC		Earl M. Jorgensen Co. Stock in names of children Emily & Caroline Andrews,		X								X								X								X
		Spouse is sole trustee																										
JT		House & Lot (5169 Watson St. N.W.,DC)							X									Home										
JT		Antique Furnishings & Prints						X																				

For additional assets and unearned income, use next page

Reporting Individual's Name
Michael A. Andrews

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
DC	Earl M. Jorgensen Co. Stock		X		2-15-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Compass Bank, Houston, Tx	Personal Loan	X						
JT	Century National Bank, Washington, D.C.	Personal Loan	X						
JT	Guardian Savings, Houston, Texas	Mortgage on 5169 Watson St., N.W.,D.C.					X		
JT	Congressional Federal Credit Union, Washington,D.C.	Personal Loan	X						

Reporting Individual's Name
Michael A. Andrews

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Thompson and Company		12/4/89	Roundtrip airfare from D.C. to Chicago, and lunch	
Texas Hospital Association		2/14-15/90	Airfare from Houston to El Paso to Houston to McAllen to Houston	
Sulphur Springs Chamber of Commerce		3/18/90	Roundtrip airfare from D.C. to Sulphur Springs, Texas	
R. Lacy Co.		5/30/90	Roundtrip Air Travel from Houston to Longview Texas	
Enron Corp.		6/30-7/2/90	Roundtrip airfare, lodging & food for 2 days. Extended trip at own expense.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Michael A. Andrews

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
National Board of Directors	Houston Ballet Association
Development Board	University of Texas Health Science Center

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Michael A. Andrews	May 15, 1991

GPO: 1991 37-598 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 1:19

U.S. HOUSE OF REPRESENTATIVES

ROBERT E. ANDREWS
(Full Name)

1105 Creek Road, Bellmawr, New Jersey 08031-1521
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: New Jersey District: First	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED

MC ⑤ (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	County of Camden, Camden, New Jersey	Freeholder Dir-Salary	$11,812	
	Rutgers, The Univ of the State of New Jersey	Instructor-Salary	$ 5,000	

For additional earned income, use next page

Reporting Individual's Name
ROBERT E. ANDREWS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	Transaction (X)
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	MASSACHUSETTS FINANCIAL SERVICES LIFETIME PLUS TRUST	X									X							X									
	OLIVE B. ANDREWS TESTAMENTARY TRUST (50% REMAINDER INTEREST IN LIFE ESTATE)			X														X									
	ANDREWS FOR CONGRESS			X									X							X							

For additional assets and unearned income, use next page

Reporting Individual's Name

ROBERT E. ANDREWS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXXX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Community National Bank, Haddon Twp., NJ	Guarantor Personal Note		X					

Reporting Individual's Name
ROBERT E. ANDREWS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XXXX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROBERT E. ANDREWS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	United Way of Camden County, Camden, NJ
Board of Directors	March of Dimes, Audubon, NJ

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE XXXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
3/15/91

GPO: 1991 37-089 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

91 MAY 15 PM 4:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Thomas H. Andrews
(Full Name)

1724 Longworth House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: MAINE District: FIRST	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

(Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State of Maine, State Treasurer, Augusta, Maine	Wages, State Legislature	$5160.00	
	University of Southern Maine System, Gorham	Consultation, Maine Studies Center	$3750.00	
	Debra Andrews (Spouse) University of Maine System, Bangor Maine	Wages	$31,454.00	

For additional earned income, use next page

Reporting Individual's Name
THOMAS H. ANDREWS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Coastal Bank, Portland, Maine		X										X							X							
	Residential Property, 58 Gray Street Portland, ME					X						X										X					

For additional assets and unearned income, use next page

Reporting Individual's Name
THOMAS H. ANDREWS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Knutson Mortgage Co., Minneapolis, MN	Mortgage on 58 Gray St., Portland Maine				X			
	School Admin. District 75, Topsham, Maine	Sabbatical Salary owed by Debra Andrews	X						

Reporting Individual's Name
THOMAS H. ANDREWS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Susan Rosen Huntly, Wolcott, CT	Cash, wedding gift	$100.00
Craig Brown,Portland, Maine/		
Stephen Cullenberg, Riverside, CA	Television, wedding gift	$400.00
Lois Tiedeken, Portland, Maine	Savings Bond, wedding gift	$100.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS H. ANDREWS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	Democracy in Action, Washington, DC - Non-profit educational organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Thomas H. Andrews	DATE (Month, Day, Year) 5/15/91

GPO: 1991 37-586 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 13 PM 2:49
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Hon. Frank Annunzio
(Full Name)
2303 Rayburn Bldg.
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Illinois District: Eleven	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
FRANK ANNUNZIO

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	6400 N. Cicero, Lincolnwood, Il.		X									X							X								
	Columbus Mutual & Prudential Insur.		X										X						X								
	First Nat'l Bk. of Lincolnwood - savings					X							X									X					
	Congressional Credit Union - savings					X							X									X					
	Parcel of land in Northbrook, Il. bounded by Lake-Cook Rd., Lee Rd., & Skokie Highway (10% interest)					X											None	X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Frank Annunzio

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Chicagoland General Tire Co.: 205 Harlem Ave. Forest Park, Illinois (stock)			X													None	X									
	Store & Service Bldg. 205 Harlem Ave. Forest Park, Illinois					X											None	X									
	Civil Service Pension Fund					X											None	X									
	Sons of Italy Insurance	X															None	X									
	Italo American National Union Ins.	X															None	X									
	Connecticut Life & Sun Life Ins.				X												None	X									

Reporting Individual's Name
Frank Annunzio

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Connecticut Mutual Life Ins. Co.	Loan		X					

Reporting Individual's Name
Frank Annunzio

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Frank Annunzio

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	JFK Health Care Corp. 1604 Colonial Pkwy. Inverness, Illinois No Remuneration

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
MAY 13, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
[illegible]
1991 MAY 15 PM 3:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Beryl F. Anthony, Jr.
(Full Name)

1212 Longworth House Building
(Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: Arkansas District: 4th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Business Industry PAC 1-4-90	speech	$1000	
	Fire Suppression Systems Asso. 1-16-90	speech	$1000	
	Tobacco Institute 1-19-90	speech	$2000	
	RJR Nabisco 2-8-90	speech	$2000	
	Smokeless Tobacco Council 2-8-90	speech	$1000	
	Arkansas Poultry Fed. 2-23-90	speech	$2000	
	Nat'l Asso. of Broadcasters 3-1-90	speech	$2000	
	Public Securities Asso. 3-8-90	speech	$2000	
	Profit Sharing Council of Am. 3-19-90	speech	$1000	
	A.B. Laffer Associates 3-19-90	speech	$1000	

For additional earned income, use next page

Reporting Individual's Name
Beryl F. Anthony, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Am. Home Products Corp. 5-10-90	speech	$2000	
New York Times 3-28-90	op ed article	$ 150	
Airport Operators Council Internat'l Inc. 4-9-90	speech	$ 500	
Am. Asso. of Airport Executives 4-9-90	speech	$ 500	
Am. Institute of Timber Construction 5-25-90	speech	$2000	
Nat'l. Beer Wholesalers Asso. 5-7-90	speech	$2000	
Federal Express 4-26-90	meetings with senior management officials	$2000	
Asso. of Private Pension & Welfare Plans 5-5-90	speech	$1500	
Central Arkansas Estate Co. 5-31-90	speech	$ 500	
Marathon Oil Co. 6-20-90	speech	$2000	X $1300 to ch
Am. Society of Asso. Executives 6-21-90	speech	$2000	X
Society of Independent Gasoline Marketers 7-19-90	speech	$2000	X
W.R. Grace & Co. 10-19-90	speech	$2000	X
Dow, Lohnes & Albertson	spouse salary	NA	

Reporting Individual's Name
Beryl F. Anthony, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	Merrill Lynch - CMA		X								X								X								
	Anthony Forest Products Co.						X				X			X			return on equity			X		X			X		X
	Wright Patman Cong. Credit Union	X											X						X								
	Porterco, Inc.					X											return on equity					X					
S	Lots-Hope, AR.			X																							
	National Bank of Comm. of Pine Bluff, AR.	X											X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Beryl F. Anthony, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Anthony Forest Products Co.-El Dorado, AR. - stock		X		4-30-90					X		

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Calvin Porter, CEO, Porterco, Magnolia, AR	stock purchase				X			
	Nat'l Bank of Commerce of Pine Bluff, AR	Personal			X				
	Anthony Forest Products Co., El Dorado, AR	Personal(paid in full on 4-30-90)					X		

Beryl F. Anthony, Jr.

Part VII - Reimbursements and gifts of transportation, lodging, food, and entertainment

Source	Date	Brief Description	Gif
Am. Institute of Timber Construction-speech	April 29 -30, 1990	Roundtrip airfare from Wash., DC to Orlando, Florida; 1 night lodging and meals	
Federal Express-meetings with senior management of Air Portugal; meetings with sr. management of Federal Express over 2 day period-also tour of AP	April 6-14, 1990	Roundtrip airfare from Wash., DC to Lisbon, Portugal; 3 nights lodging and meals; (Fed. Express facilities are affiliated with the foreign repair station operated by Trans. Air Portugal); spouse included; extra days at own expense	
Am. Horse Council-meeting with executive off.	May 5, 1990	Airfare from Louisville, Kentucky to Wash., DC	
Coffield, Ungaretti, Harris & Slavin-speech	June 14-15, 1990	Roundtrip air from Wash,DC to Chicago, Ill. 1 night lodging and meals and cab fare	
Figgie International-fact finding trip to meet with American company officials and local leaders on Caribbean Basin Initiative and other trade related issues	Aug. 12-16, 1990	Roundtrip airfare from Wash., DC to San Jose, Costa Rica; 4 nights lodging and meals	
The Bond Buyer-speech	Nov. 26-27, 1990	Roundtrip airfare from Wash., DC to New York City; 1 night lodging, meals and cab fare	
Arkansas Reclamation Co.-meetings with executive officials	Dec. 14-16, 1990	Roundtrip airfare from Wash., D.C. to Corpus Christi, TX.; 2 nights lodging and meals	

Reporting Individual's Name
Beryl F. Anthony, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Pro Am	golfing souvenirs	$198.50

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fire Suppression Systems-speech and business meetings with exe.	Jan. 14-17, 1990	3 nights lodging and meals in Palm Springs, CA.	
Tobacco Institute-speech	Jan. 17-19, 1990	Roundtrip airfare from Wash., D.C. to Palm Springs, CA, 2 nights lodging and meals	
AR. Poultry Federation-speech	Feb. 22-23, 1990	Airfare from Wash., DC to Fayetteville, AR. and on to Little Rock; 1 night lodging and meals	
Ryder Systems-Doral Charity Open guest at charity dinner w/ exe.	Feb. 27-28, 1990	Roundtrip airfare from Wash., DC to Miami, Florida; 1 night lodging and meals	
Am. Home Products Corp.-speech	March 25-26, 1990	Airfare from New Orleans to New York and to Wash., DC; one night lodging in NY and meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

(continued)

Reporting Individual's Name
Beryl F. Anthony, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Anthony Forest Products Co.-El Dorado, AR.
Director-Part Owner	Porterco, Inc. - Magnolia, AR.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1979	Anthony Forest Products Co.	Family Business Consultant

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Beryl Anthony Jr.

DATE (Month, Day, Year)
May 10, 1991

GPO: 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

E. Douglas Applegate
(Full Name)

2183 Rayburn House Office Blds.
(Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date: ____

1991 APR 25 AM 6:58

INSIDE MAIL

MC ⑥

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Ohio Public Employees Retirement System	Pension	3527.00	
	U.S. Gov't Employment - Exempt			

For additional earned income, use next page

Reporting Individual's Name

Hon. Douglas Applegate

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Bank of N.Y. - IMIT Fund		X								X									X							
			Worthington Industries Com. Stock		X								X							X									
			Bob Evans Farms, Inc. Com Stock			X							X								X								
			Fedders, Inc. Common Stock		X								X							X									
			Ohio Housing Finance Agency Mun. Bond			X									X							X							
			Willoughby - Eastlake Munic. Bond		X										X						X								X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Douglas Applegate

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Paulding Village, Ohio Municipal Bond			X									X							X							X
	Cincinnati, Oh. School Dst. Mun. Bond			X									X							X							X
	Lorraine, Ohio Municipal Bond				X X								X X					 X				X 					X X
	Alliance Tax Exempt Acct. (ASSET MONEY FUND)		X										X					X									
	Jackson Co. Oh. Municipal Bond			X									X							X							
	Cardinal Tax Exempt Bond Fund			X									X						X								X
	The Ohio Company IRA - Steubenville, Oh.		X								X		X					X									
S	The Ohio Company IRA - Steubenville, Oh.		X								X		X					X									
	World Sav. Bank (Ohio Valley S&L) IRA		X X										X X						X X								
S	World Sav. Bank (Ohio Valley S&L) IRA	X X											X X					X X									
	Bank One, Steubenville, Oh. IRA		X										X						X								
S	Bank One, Steubenville, Oh. IRA		X										X					X									
	Wright Patman Cong. Fed. Credit Union		X										X					X									

Financial Disclosure A-2(a)

Reporting Individual's Name
Hon. Douglas Applegate

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Willoughby-Eastlake Municipal Bond		X		12-1-90	X						
	Paulding Village, Ohio Municipal Bond		X		2-15-90		X					
	Cincinnati, Ohio School Dist. Municipal Bond	X			2-21-90		X					
	Lorraine, Ohio Municipal Bond	X	 X		10-3-90 10-5-90			X X				
	Cardinal Tax Exempt Bond Fund	X			12-1-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

49

18th District Ohio
2183 Rayburn House Office Building
Washington DC 20515
202-225-6265

District Offices:
Steubenville 614-283-3716
St. Clairsville 614-695-4600
New Philadelphia 216-343-8112
East Liverpool 216-385-8021

DOUGLAS APPLEGATE
UNITED STATES HOUSE OF REPRESENTATIVES

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
VETERANS' AFFAIRS
CHAIRMAN
SUBCOMMITTEE ON COMPENSATION, PENSION, AND INSURANCE

INSIDE MAIL

①

RECEIVED
1991 MAY -6 AM 6:24

✓
MC

April 30, 1991

Hon. Donnald Anderson
Clerk of the House
% Office of Records and Registration
1036 Longworth H. O. B.
Inside Mail

Dear Mr. Anderson,

On April 24, 1991, I submitted my Financial Disclosure Statement for 1990 pursuant to the Ethics in Government Act of 1978, as amended. Upon further review of this, I noted a minor error and wish to correct it at this time.

Specifically, in Part 1 - Earned Income, that amount that I received from the Ohio Public Employees Retirement System was incorrectly stated. It should be $3,985.23 instead of the $3,527.00 that was listed. I hope this will clarify the matter.

With best regards, I remain

Sincerely yours,

DOUGLAS APPLEGATE
U. S. CONGRESSMAN

DA/jh

BUY AMERICAN! SAVE AMERICAN JOBS!

INSIDE MAIL

18TH DISTRICT OHIO
2183 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON DC 20515
202-225-6265

DISTRICT OFFICES
STEUBENVILLE 614-283-3716
ST CLAIRSVILLE 614-695-4600
NEW PHILADELPHIA 216-343-9112
EAST LIVERPOOL 216-385-5921

DOUGLAS APPLEGATE
UNITED STATES HOUSE OF REPRESENTATIVES

COMMITTEES
PUBLIC WORKS AND
TRANSPORTATION
VETERANS' AFFAIRS
CHAIRMAN
SUBCOMMITTEE ON COMPENSATION,
PENSION, AND INSURANCE

1991 MAY -8 [illegible] 36

Hon. Louis Stokes
Chairman
Committee on Standards of Official Conduct
Suite HT-2, U. S. Capitol
Washington, D.C. 20515

✓ MC (4)

Dear Chairman Stokes,

I am in receipt of your letter of May 6, 1991, concerning deficiencies in my 1990 Financial Disclosure Statement as originally file with the Committee on April 24, 1991.

I am enclosing an amended Financial Disclosure Form dated today wherein I explain those deficiencies cited by your staff. My explanations are cited in Part IV - Transactions section of the Statement.

I would like to point out that the two dispositions cited - Mylan Lab common stock and a Grandview, Ohio municipal bond - were both properly listed as sale transactions on my 1989 Financial Disclosure Statement. Further, the acquisition of the Alliance Tax Exempt Account was really not an acquisition at all, but rather a change of name of Money Account held for me by the Advest Company. This account was also listed on my 1989 Statement and the name change was noted on my 1990 Statement.

I trust this will explain those items cited by the Committee.

With best regards, I remain

Sincerely yours,

DOUGLAS APPLEGATE
U. S. CONGRESSMAN

DA/jh

BUY AMERICAN! SAVE AMERICAN JOBS!

Reporting Individual's Name

Hon. Douglas Applegate

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
General Motors Corp.	Video Tape Series on Civil War	200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Hon. Douglas Applegate

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 25.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Douglas Applegate

DATE (Month, Day, Year)
4/24/91

GPO 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

RECEIVED
1991 MAY -8 AM 7:42
HOUSE OF REPRESENTATIVES

E. Douglas Applegate
(Full Name)

2183 Rayburn House Office Bldg.
(Mailing Address)

Washington D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: OHIO District: 18TH	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

INSIDE MAIL
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Mylan Laboratories Common Stock (as reported in 1990)		X		4/12/89	X						
	Grandview Hghts, Ohio Munic. Bond (as reported in 1990)		X		12/01/89		X					
	Alliance Tax Exempt Acct. (Previously Reported as the Admst				1989		X					
	Co. Money Account)											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

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Date	Parties To	Terms of Agreement

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SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/9/91

GPO [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 15 PM 5:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

William R. Archer, Jr.
(Full Name)
1236 Longworth House Office Building
(Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: TX District: 7th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 11

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

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Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$600	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Baker & Hostetler (2/5/90)	Speech	1500.00	
A. B. Laffer, VA Canto & Associates (3/19/90)	Speech	1000.00	
General Electric Company (3/5/90)	Speech	2000.00	
American Society of Assn. Executives (2/14/90)	Speech	2000.00	
Chemical Manufacturers Assn., Inc. (5/10/90)	Speech	2000.00	
Wine Institute (6/21/90)	Speech	1000.00	
Capital Legislative Services, Inc. (2/12/90)	Speech	2000.00	
American Business Conference (3/23/90)	Speech	1000.00	
Organization Management, Inc. (3/9/90)	Speech	2000.00	
National Association of Homebuilders (3/5/90)	Speech	2000.00	

For additional earned income, use next page

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Reporting Individual's Name

William R. Archer, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
American Association of Equipment Lessors (2/7/90)	Speech	2000.00	
Texas Cattlefeeders Association (4/25/90)	Speech	1000.00	
National Multi Housing Council (3/20/90)	Speech	2000.00	
Steel Service Center Institute (4/3/90)	Speech	2000.00	
National Conference on Public Employees Ret. Systems (3/5/90)	Speech	1000.00	
The Fay Improvement Company (3/27/90)	Speech	1000.00	
Sutherland, Asbill & Brennan (3/20/90)	Speech	1000.00	
National Coal Association (6/14/90)	Speech	1000.00	$650.00 to charity
Executive Enterprises, Inc. (7/9/90)	Speech	2000.00	X
American Electronics Association (5/2/90)	Speech	1000.00	X
National Stone Association (4/24/90)	Speech	1000.00	X
National Association of Industrial & Office Parks (2/14/90)	Speech	2000.00	X

Reporting Individual's Name

William R. Archer, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
	Paradine - Stock		X									X							X									
	GE - Bonds				X									X							X							
	Cong. Fed. Credit Union			X										X						X								
JT	Crestar Bank - CD			X										X						X								
S	Crestar Bank				X									X							X							
S	Charles Schwab & Co. - IRA			X										X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William R. Archer, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	U.S. Life - Stock		x								x								x								
	Halliburton - Stock		x								x								x								
	Gulf States Utilities - Stock		x								x																
	Texfi 4-3/4 due '96 - bonds		x										x						x								
	Valdez, Alaska 6% due '07 - bonds			x							x									x							
	Amerada Hess - Stock		x								x							x									
	House - Arlington, VA						x					x										x					
	Townhouse - Houston, TX					x						x										x					
	Archer Associates - Family Partnership						x						x										x				
	San Juan, NM - Mineral Royalty Int.		x														Royalty				x						
	Merrill Lynch CMA Acct. #1							X			x								x								
JT	Merrill Lynch CMA Acct. #2			x							x									x							
	Real Estate Partnership-Houston, TX Westwood Shopping Center - 1.5% Int.		x										x						x								
	Real Estate Partnership-Houston, TX Meadowlake Estates - 6.25% Int.		x										x					x									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William R. Archer, Jr.

	BLOCK A	BLOCK B									BLOCK C																BLOCK D
	Asset and/or Income Source	Valuation of Asset									Income																
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Real Estate Partnership-Houston, TX Howard Chen - 2.5 Interest			X									X					X									
	Pacific Southwest Bank - CD				X								X								X						
	Sunbelt Savings - CD				X								X								X						
	Alamo Federal Savings - CD				X								X								X						
	San Jacinto Savings - IRA				X								X						X								

Reporting Individual's Name
William R. Archer, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Merrill Lynch CMA Account #1 - Tax Exempt Money Market	X	X		misc.							X
JT	Merrill Lynch CMA Account #2 - Tax Exempt Money Market	X	X		misc.		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

William R. Archer, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Americans Businesses in Thailand - speech & mtgs. with US bus. reps.	Jan. 7 -12 1990	3 days lodging & food (self & spouse)	
Australian Meat & Livestock Bd.-mtgs. & seminars with govt./business groups	Jan. 13-20, 1990	RT Air from Wash.,DC to Australia via London & Bangkok;7 nights food & lodging (self & spouse)	
National Venture Capital Assn. (speech)	Feb. 8-13, 1990	RT Air from Wash., D.C. to San Francisco;2 nights lodging & food (self & spouse); extra days at own expense	
Natl. Petroleum Refiners Assn. (Speech to Petrochemical Conference)	March 31-Apr. 2,'90	RT Air from Wash., D.C. to San Antonio; 2 nights lodging & food (self & spouse)	
Schering Plough Corporation (fact-finding trip-for.ops. of US corps)	May 24 - June 2,'90	RT Air from Wash., D.C. to Ireland;lodging & food (self & spouse)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

BILL ARCHER
7th District, Texas

RANKING MINORITY
MEMBER
WAYS AND MEANS
COMMITTEE

JOINT COMMITTEE
ON TAXATION

HAND DELIVERED

1991 MAY 15 PM 5:33
U.S. HOUSE OF REPRESENTATIVES

Congreſs of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
1236 Longworth
House Office Building
(202) 225-2571
FAX (202) 225-4381

DISTRICT OFFICE
1003 Wirt Road, Suite 311
Houston, TX 77055
(713) 467-7493
FAX (713) 461-6288

May 15, 1991

Honorable Donnald K. Anderson
Clerk of the House
H-105, The Capitol
Washington, D.C. 20515

11

Dear Mr. Anderson:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1990 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1990, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer

Bill Archer
Member of Congress

FINANCIAL STATEMENT
WILLIAM R. ARCHER, JR.
DECEMBER 31, 1990

ASSETS

Cash (Cong. Credit Union Acct.)		7,659.00
Cash (Crestar Bank)		12,700.00
Merrill Lynch Cash Management Acct.		384,870.00
Merrill Lynch Cash Management Acct.		20,010.00
I.R.A. (San Jacinto Savings)		89,601.00
Life Insurance Cash Value		8,700.00
Federal Government Retirement Fund		75,282.00
FERS Thrift Savings		19,000.00
Stocks and Bonds (Market Value 12-31-90)		
481 shares U.S. Life @ 28.00	13,468.00	
300 shares Halliburton @ 45.62	13,686.00	
254 shares Gulf States Utilities @ 11.00	2,794.00	
5 Texfi Bonds @ 540.00	2,700.00	
4 $5,000 Valdez, Alaska Bonds @ 4377.75	17,511.00	
107 shares Amerada Hess @ 46.37	4,962.00	
15 shares Paradine @ 6.00	90.00	
GE Bonds	20,000.00	
26.1% Interest in Archer Associates, A Partnership		341,644.00
Real Estate:		878,731.00
Investment Equities - Houston Real Estate (at cost less depreciation)	28,000.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Lot, Arlington, VA (at cost w/ spouse)	430,000.00	
House & Acreage - Page County, VA (at cost)	293,000.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1990 Ford Taurus		9,000.00
Coin Collection (at cost)		16,326.00
	TOTAL ASSETS	1,940,734.00

LIABILITIES:

	TOTAL LIABILITIES	00.00

(CONTINUATION SHEET)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NY Stock Exchange - Visit with Bd. of Directors & Executives		March 25-26, 1990	RT Air from Wash., D.C. to New York, NY; 1 night lodging & food (self & spouse)	
D'Accord Summer Leasing Conference - speech		Aug. 4-9, 1990	RT Air from Wash., D.C. to San Francisco;2 nights lodging & food (self & spouse); extra days at own expense	

Reporting Individual's Name

William R. Archer, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Houston Chapter, American Society for the Prevention of Cruelty to Animals
Partner	Archer Associates Partnership

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

William R. Archer

DATE (Month, Day, Year)

May 15, 1991

GPO: 1991 37-886 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 PM 4:32
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

RICHARD K. ARMEY
(Full Name)

4100 MORRIS ROAD # 1027
(Mailing Address)

FLOWER MOUND, TEXAS 75028

Filer Status ☒ Member of the U.S. House of Representatives State: Texas District: 26 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SEE ATTACHMENT			

For additional earned income, use next page

Reporting Individual's Name
RICHARD K. ARMEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		TIAA CREF - Teacher's Retirement														X					X							
		SCOTT ARMEY - Son / Ben E. Keith Co.																SALARY			X							
		DAVID ARMEY -Son/ Chili's Restaurant																SALARY			X							
		THOMAS OXENDINE - Son/ Princeton Review																SALARY			X							

For additional assets and unearned income, use next page

Reporting Individual's Name
RICHARD K. ARMEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Interstate Bank - Bedford, Texas	Personal Loan	X						

Financial Disclosure A-3

Congressman Dick Armey
1990 HONORARIA

DATE	ORGANIZATION	AMOUNT	CUMULATIVE
01/22/90	Heritage Foundation	500	500
02/20/90	Joe Dwyer for Mel Hancock Campaign	500	1,000
02/20/90	Boise State University	1,500	2,500
02/21/90	Dow Jones	100	2,600
05/03/90	Christian Science Monitor	100	2,700
06/06/90	National Confectioner's Assc.	2,000	4,700
06/08/90	LTV	2,000	6,700
06/08/90	Northrop	2,000	8,700
07/05/90	Int'l Aviation and Travel Academy	500	9,200
08/15/90	The Washington Post	200	9,400
09/19/90	U.S. Chamber of Commerce	500	9,900
10/03/90	Nat'l Assoc. Business Economists	2,000	11,900
10/05/90	National Review	2,000	13,900
	Steven Hanser $4,705		
	Nat'l Chamber Foundation $7411.60		
10/16/90	TU Electric	1,000	14,900
10/30/90	W.R. Grace & Company	500	15,400
11/01/90	The American Spectator	300	15,700
11/14/90	Daniel Tate for George Air Force base	500	16,200
11/15/90	Republican Central Committee of Orange County, California	500	16,700
11/16/90	Earth Technology Corporation	500	17,200
11/30/90	Chilton & O'Connor, Inc.	500	17,700
12/03/90	USIC Educational Foundation	500	18,200
12/18/90	National Right to Work Committee	2,000	20,200

EARNED INCOME

05/17/90	Reader's Digest Farm Article	$2,700

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
RICHARD K. ARMEY

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Boise State University		2/12/90	Roundtrip air travel St. Louis-Boise- Dallas	
Discussion Club		2/9/90	Roundtrip air travel from Dallas- St. Louis	
Northrop		5/31/90	Roundtrip air travel Dallas-Los Angeles-Dallas	
National Confectioner's		6/1/90	Roundtrip air travel Dallas-Roanoke, VA-Dallas	
National Review		9/10/90	Roundtrip air travel for Dick Armey and two aides from	
			Washington, D.C.-Detroit-Washington, D.C. Hotel accomodations for one night Dick Armey and two aides	
Inland Group		11/14/90	Roundtrip air travel Dallas-Orange County, CA- Dallas	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

RICHARD K. ARMEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
CHAIRMAN	POLICY INNOVATION POLITICAL ACTION COMMITTEE
CHAIRMAN	INSTITUTE FOR POLICY INNOVATION

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard K. Armey	DATE (Month, Day, Year) MAY 14, 1991

GPO: 1991 37-508 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
1991 JUN 13 AM 7:30
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL
MC
(6)
(Office Use Only)

RICHARD K. ARMEY
(Full Name)

4100 MORRIS ROAD # 1027
(Mailing Address)

FLOWER MOUND, TEXAS 75028

Filer Status	☒ Member of the U.S. House of Representatives	State: Texas District: 26	☐ Officer or Employee — Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A seperate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SEE ATTACHMENT			

For additional earned income, use next page

Reporting Individual's Name

RICHARD K. ARMEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	TIAA CREF - Teacher's Retirement														X					X							
	SCOTT ARMEY - Son / Ben E. Keith Co.																SALARY			X							
	DAVID ARMEY -Son/ Chili's Restaurant																SALARY			X							
	THOMAS OXENDINE - Son/ Princeton Review																SALARY			X							

For additional assets and unearned income, use next page

Reporting Individual's Name
RICHARD K. ARMEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒ XX

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Interstate Bank - Bedford, Texas	Personal Loan	X						

Reporting Individual's Name
RICHARD K. ARMEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒ XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Boise State University		2/12/90	Roundtrip air travel St. Louis-Boise- Dallas	
Discussion Club		2/9/90	Roundtrip air travel from Dallas- St. Louis	
Northrop		5/31/90	Roundtrip air travel Dallas-Los Angeles-Dallas	
National Confectioner's		6/1/90	Roundtrip air travel Dallas-Roanoke, VA-Dallas	
National Review		9/10/90	Roundtrip air travel for Dick Armey and two aides from Washington, D.C.-Detroit-Washington, D.C. Hotel accomodations for one night Dick Armey and two aides	
inland Group		11/14/90	Roundtrip air travel Dallas-Orange County, CA- Dallas	
The Congressional Institute		2/22-2/24/90	Roundtrip transportation, meals, and lodging	

Congressman Dick Armey
1990 HONORARIA

DATE	ORGANIZATION	AMOUNT	CUMULATIVE
01/22/90	Heritage Foundation	500	500
02/20/90	Joe Dwyer for Mel Hancock Campaign	500	1,000
02/20/90	Boise State University	1,500	2,500
02/21/90	Dow Jones	100	2,600
05/03/90	Christian Science Monitor	100	2,700
06/06/90	National Confectioner's Assc.	2,000	4,700
06/08/90	LTV	2,000	6,700
06/08/90	Northrop	2,000	8,700
07/05/90	Int'l Aviation and Travel Academy	500	9,200
08/15/90	The Washington Post	200	9,400
09/19/90	U.S. Chamber of Commerce	500	9,900
10/03/90	Nat'l Assoc. Business Economists	2,000	11,900
10/05/90	National Review Steven Hanser $4,705 Nat'l Chamber Foundation $7411.60	2,000	13,900
10/16/90	TU Electric	1,000	14,900
10/30/90	W.R. Grace & Company	500	15,400
11/01/90	The American Spectator	300	15,700
11/14/90	Daniel Tate for George Air Force base	500	16,200
11/15/90	Republican Central Committee of Orange County, California	500	16,700
11/16/90	Earth Technology Corporation	500	17,200
11/30/90	Chilton & O'Connor, Inc.	500	17,700
12/03/90	USIC Educational Foundation	500	18,200
12/18/90	National Right to Work Committee	2,000	20,200

EARNED INCOME

05/17/90	Reader's Digest Farm Article	$2,700

Reporting Individual's Name

RICHARD K. ARMEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
CHAIRMAN	POLICY INNOVATION POLITICAL ACTION COMMITTEE
CHAIRMAN	INSTITUTE FOR POLICY INNOVATION

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard K. Armey	June 12, 1991

GPO 1991 37-598 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 1:55
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Les Aspin
(Full Name)

2336 Rayburn House Office Building
Washington,D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Wisconsin District: 1st	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	AT & T (January 22, 1990)	honorarium	$2,000	
	Pay Improvement Company (February 7, 1990)	honorarium	$2,000	
	McGraw Hill (March 20, 1990)	honorarium	$2,000	
	Armed Forces Marketing Council (March 14, 1990)	honorarium	$2,000	
	SRI International (March 22, 1990)	honorarium	$1,000	
	Washington Analysis Corporation (April 12, 1990)	honorarium	$2,000	
	Institute Internal Auditors,Inc. (April 17, 1990	honorarium	$2,000	
	New York Times (May 2, 1990)	Op-Ed Fee	$150.	
	Institutional Investor Institute (May 31,1990)	honorarium	$2,000	
	American Jewish Committee (June 7, 1990)	honorarium	$1,500	

For additional earned income, use next page

Reporting Individual's Name
Les Aspin

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (If needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
World Affairs Seminar (U.Wisconsin-Whitewater) (July 17, 1990)	honorarium	$2,000	
Cray Research Inc. (August 8, 1990)	honorarium	$1,000	
Electronic Data Systems Corp. (August 30,1990)	honorarium	$2,000	
Washington Post (September 7, 1990)	Op-Ed Fee	$200.	
Price Waterhouse (September 24, 1990)	honorarium	$2,000	
Insider's Forum (October 2, 1990)	honorarium	$1,000	
Pace,Weil,& Associates, Inc. (October 15, 1990)	honorarium	$2,000	
American Stock Exchange (November 16, 1990)	honorarium	$2,000	X
Verner, Liipfert,Bernhard,McPherson & Hand (November 19, 1990)	honorarium	$2,000	X

Reporting Individual's Name
Les Aspin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name

Les Aspin

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Les Aspin

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
General Motors	Civil War Tapes	$120
Parker Pen Company	Discount on set of duofold centennial pens	$200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
World Affairs Seminar UW Whitewater		June 8-11, 1990	airfare: Washington - Milwaukee and Chicago - New York	$829
Bud Selig		1990	Brewer's Baseball Games (attendance at less than 10 games)	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Les Aspin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprises, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15, 1991

GPO: 1991 37-880 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible]

91 MAY 15 PM 4:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Chester G. Atkins
(Full Name)

Room 123, Cannon Office Building
Washington, DC 20515
(Mailing Address)

Filer Status: ☒ XX Member of the U.S. House of Representatives — State: Massachusetts — District: Fifth | ☐ Officer or Employee — Employing Office:

Report Type: ☒ XX Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Massachusetts Democratic State Committee	Salary	$18,000	
	Brookings Institution (January 29, 1990)	Speech	$400	
	Washington Post (July 10, 1990) ($75 remitted to co-author)	Article	$150	
	Middlesex News	Spouse - Columns	NA	

For additional earned income, use next page

Reporting Individual's Name
Chester G. Atkins

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	Loan to The Atkins for Congress Committee, payable on demand, bearing interest at the rate in effect from time to time under a home equity line of credit of the lender with BayBank Harvard Trust Company**		XX										XX						XX								*

*Loan was made 12/21/90 but is not reportable as a "transaction" because it does not result in the acquisition of a "security".

**Funds advanced to The Atkins for Congress Committee were borrowed under a home equity line of credit. Liability is not reportable because secured by a personal residence.

For additional assets and unearned income, use next page

Reporting Individual's Name
Chester G. Atkins

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	462 sh Valid Logic Systems Common Stock		XX		2/8/90	XX						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Chester G. Atkins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See Schedule Attached.				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Part VII, "Reimbursements" Etc.

Source	Date(s)	Brief Description
American Cancer Society (speech)	1/8/90	Roundtrip Air Travel from Boston to Wash. D.C., two meals
Unitarian Universalist Ass'n. (fact-finding trip)	1/10/90 - 1/17/90	Roundtrip Air Travel from Boston to Bucharest, Romania; six nights lodging, eight days meals; ground transportation
John F. Kennedy School of Government, Harvard Univ. (speech)	2/5/90	Roundtrip airfare Wash. D.C. to Boston
Aspen Institute (conference participant)	2/11/90 - 2/18/90 (2/11 - 2/19 for spouse)	One-way airfare from Boston to Denspar, Indonesia; five nights lodging; six days meals; ground transportation; Also spouse - roundtrip airfare Boston-Denspar-Boston; five nights lodging; six days meals; ground transportation
Unitarian Universalist Ass'n. (speech)	6/22/90 - 6/23/90	Roundtrip airfare Boston-Milwaukee-Boston; one night lodging; two meals; ground transportation
Indian American Forum for Political Education (speech)	8/4/90	Roundtrip airfare Boston-Orlando-Boston; 2 meals; ground transportation
Association of Indians in America (speech)	9/1/90 - 9/2/90	Roundtrip airfare Boston-Chicago-Boston; one night lodging; three meals; ground transportation
National Federation of Indian American Associations (speech)	9/2/90 - 9/3/90	Airfare Chicago to San Francisco; Ground transportation San Francisco to San Jose; Airfare San Jose to Boston; two meals; other ground transportation

Reporting Individual's name
Chester G. Atkins

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
See Schedule Attached	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒ XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☒ XX	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒ XX	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5-15-91

GPO: 1991 27-[illegible]

PART I - EARNED INCOME, INCLUDING HONORARIA

Source	Type	Amount	Mark (X)
CONNELL RICE AND SUGER 1/4/90	Speech	$2,000	
MILTOPE 1/8/90	Speech	$2,000	
VARO 1/11/90	Speech	$1,000	
ROCKWELL 1/11/90	Speech	$2,000	
LTV 1/11/90	Speech	$2,000	
IRVING COMPANY 1/11/90	Speech	$1,500	
TRW 1/13/90	Speech	$2,000	
NORTHROP 1/16/90	Speech	$2,000	
TEXAS INSTRUMENTS 1/17/90	Speech	$1,000	
GATX 1/17/90	Speech	$1,500	
E-SYSTEMS 1/17/90	Speech	$1,000	
HUMAN RIGHTS FUND 1/18/90	Speech	$2,000	
TEXTRON 1/18/90	Speech	$2,000	
AVONDALE SHIPYARDS 1/22/90	Speech	$1,000	
GENERAL INSTRUMENTS 1/23/90	Speech	$2,000	
FALCON CARRIERS 1/30/90	Speech	$2,000	X ($150)
TRANSCONTINENTAL PROP. 2/1/90	Speech	$2,000	X
DAVIS WRIGHT 2/2/90	Speech	$2,000	X
PRECISION ECHO 2/9/90	Speech	$2,000	X
HUGHES AIRCRAFT 2/14/90	Speech	$2,000	X
WILLIAMS & JENSEN 3/20/90	Speech	$ 750	X
DIAGNOSTIC/RETRIEVAL 3/21/90	Speech	$2,000	X
SHIPBUILDERS COUNCIL 4/18/90	Speech	$1,000	X

Surplus Honoraria donated to charity: $11,900

Oregon Young Writers
Fort Clatsop
Pacific University Sidney Harper Marsh Society
Oregon Kidney Association
Smith College Parents' Fund
Nancy Ryles Scholarship Fund
Research and Education Group
Forest Grove High School Viking Log
Health Start
West Valley Academy
Midvalley Workshop and Rehabilitation Center
Women's Resource Center of Columbia County
Tillamook Emergency Shelter Home
Sisters of the Road Cafe
AMA Youth Employment Service
Community Youth Services
Virginia Garcia Clinic
Washington County Family Shelter

PART VII - "REIMBURSEMENTS"

HUMAN RIGHTS CAMPAIGN	Transportation - PDX-Houston-DC, Lodging - one night 1/4/90 - 1/5/90
CONNELL RICE AND SUGER	Transportation - D.C. to Newark, Lodging - one night lodging 1/8/90
MILTOPE	Transportation - NYC to Dallas 1/9/90
TEXAS INSTRUMENTS	Partial transportation - Dallas to Los Angeles - one night lodging 1/10/90
TEXTRON	Partial transportation - Dallas to Los Angeles - one night lodging 1/11/90
E-SYSTEMS	Partial transportation - Dallas to Los Angeles 1/11/90
VARO	Partial transportation - Dallas to Los Angeles 1/12/90
LTV	Partial transportation - Dallas to Los Angeles - one night lodging 1/12/90
HUGHES AIRCRAFT	Partial transportation - Los Angeles to San Francisco, Lodging - 1/4 share of 3 nights 1/14/90
IRVING COMPANY	Partial transportation Los Angeles to San Francisco, Lodging - 1/4 share of 3 nights 1/15/90
NORTHROP	Partial transportation - Los Angeles to San Francisco, Lodging - 1/4 share of 3 nights 1/16/90
TRW	Partial transportation - Los Angeles to San Francisco, Lodging - 1/4 share of 3 nights 1/16/90

-more-

Part VIII, Positions

Position	**Name of Organization**
Public Policy Advisory Committee	The Population Institute, Washington, DC
Special Congressional Advisory Comm.	The Wilderness Society, Washington, DC
Honorary Board Member	Mass. Chapter, Huntington's Disease Society of America, Boston, MA
Chairman	Voter Education Fund, Inc., Boston, MA
Director	Boston University Center for Technology & Policy, Boston, MA
Director	Facing History and Ourselves, Boston, MA
Co-Chair	Workers Park Coordinating Committee, Lawrence, MA
Co-Chair	Bread and Roses Heritage Committee, Lawrence, MA
Honorary Director	Area Health Education Committee, Lowell, MA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1980

FORM A
For use by Members, officers, and employees

MAY 15 AM 10: 13
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

LES AuCoin
(Full Name)

2159 RAYBURN
WASHINGTON DC 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: OREGON District: 1ST ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1980)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1980)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	(SEE ATTACHED)			
	THE WILDERNESS SOCIETY (JAN.-OCT)	SPOUSE SALARY	$30,000 (PER ANNUM)	
	N.A.R.A.L. (OCT.-DEC.)	SPOUSE SALARY	$37,500 (PER ANNUM)	

For additional earned income, use next page

Reporting Individual's Name
Rep. Les AuCoin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Merrill-Lynch Ready Assets Fund			X							X									X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Rep. Les AuCoin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
REP. LES AuCOIN

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	(SEE ATTACHED)			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

GATX	Partial transportation - San Francisco to Portland, Lodging - 1/2 share of 1 night 1/17/90
PRECISION ECHO	Partial transportation - San Francisco to Portland, Lodging - 1/2 share of 1 night 1/18/90
DAVIS WRIGHT TREMAINE	Transportation - Portland to Seattle 1/22/90
TRANSCONTINENTAL PROP.	Transportation - Seattle to Las Vegas, Lodging - 1 night 1/22/90
AVONDALE SHIPYARDS	Transportation - Las Vegas to New Orleans, Lodging - one night 1/23/90
FALCON CARRIERS	Transportation - New Orleans to Portland, Lodging - one night 1/24/90
ROCKWELL	Transportation - DC-Atlanta-DC 1/29/90
DIAGNOSTIC/RETRIEVAL	Transportation - DC-NYC-DC 3/5/90

Reporting Individual's Name
REP. LES AUCOIN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
TRUSTEE	PACIFIC UNIVERSITY, FOREST GROVE, OREGON

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Les AuCoin	5/15/91

GPO: 1991 27-080

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 5:07

HAND DELIVERED

James Leonard Bacchus
(Full Name)

4915 Gran-Lac Avenue, Belle Isle, Fl 32812
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Fl — District: 11	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 24

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Akerman, Senterfitt & Eidson, Attorneys-at-Law; Orlando, Fl	partnership salary	$ 121,668	
	Frailey & Wilson Advertising; Orlando, Fl	spouse salary	12,773	

For additional earned income, use next page

Reporting Individual's Name
James Leonard Bacchus

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Money Market Account Sun Bank, Orlando, Fl			X									X								X						
	IRA/CD Sun Bank, Orlando, Fl		X										X						X								
S	IRA/CD Sun Bank, Orlando, Fl		X										X					X									
JT	Checking Account Sun Bank, Orlando, Fl		X														NA										
	IRA Passbook Sun Bank, Orlando, Fl			X																							
	Integrated Profit Sharing Acct Akerman, Senterfitt & Eidson			X									X						X								

For additional assets and unearned income, use next page

PARTS II AND III--ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

James Leonard Bacchus

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	1/2 ownership of unimproved land (approx 1 acre) Bradford County, Fl		X														NA										
	Partnership/ASE (resigned 12/31/90)					X											NA										
	Loan to Citizens for Bacchus			X													NA										
	Law firm investment dividends	X																									

Reporting Individual's Name
James Leonard Bacchus

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	NONE											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	GMAC	car loan-1989 Chevrolet Corsica	X						
JT	Sun Trust Mortgage	mortgage on 4915 Gran-Lac Ave. Orlando, Fl			X				
	Akerman, Senterfitt & Eidson (resigned 12/31/90)	share of law firm partnership liabilities		X					
JT	Sun Bank, Orlando, Fl	Business loan pd in full		X					

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
James Leonard Bacchus

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NONE				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PERSONAL FINANCIAL STATEMENT

Name: James Leonard Bacchus
Residence: 4915 Gran-Lac Avenue
Belle Isle, Fl 32812
Position: Member of Congress

Name: Rebecca McMillan Bacchus
Residence: 4915 Gran-Lac Avenue
Belle Isle, Fl 32812
Position: Homemaker

Statement of Financial Condition
As of May, 1991

Assets	In Dollars
Cash on hand and in banks - List on Sched. E	100,490.00
Securities - List on Sched. A	-0-
Securities held by broker in margin accounts	-0-
Restricted or control stocks	-0-
Real Estate Owned - List on Sched. C	142,000.00
Automobiles and other personal property	12,500.00
Cash value - life insurance - List on Sched. D	558.00
Other assets - (Furniture, Personal)	30,000.00
Capital Contribution - /ASE*	31,900.00*
Keogh/AS&E Integrated Profit Sharing*	2,314.00*
Retirement/ASE*	32,291.00*
Income tax refund due	357.00
TOTAL ASSETS	352,410.00

Liabilities	In Dollars
Notes payable to Financial Institutions-List on Sched. E	-0-
Accounts and bills due - Sched. B	1,000.00
Unpaid income tax	-0-
Other unpaid taxes and interest	-0-
Real estate mortgages payable-List on Sched. C	90,231.00
Other debts - itemize:	
GMAC 1989 Chevrolet Corsica)	6,484.00
TOTAL LIABILITIES	97,715.00
NET WORTH	254,695.00

*Resigned from firm effective 12/31/90. All capital and profit-sharing being returned and retirement income being paid in accordance with partnership agreement.

SCHEDULE A - SECURITIES

NONE

SCHEDULE B - ACCOUNTS & BILLS DUE

Miscellaneous credit card & other bills	1,000.00 (est.)

SCHEDULE C - REAL ESTATE OWNED

Address & Type of Property	Mortgagor	% of Ownership	Date Acquired	Cost
Home: 4915 Gran-Lac Ave.	SunTrust	100%	12/84	111,000
Unimproved real estate in Bradford County	None	50% (undivided)	1960's	Gift

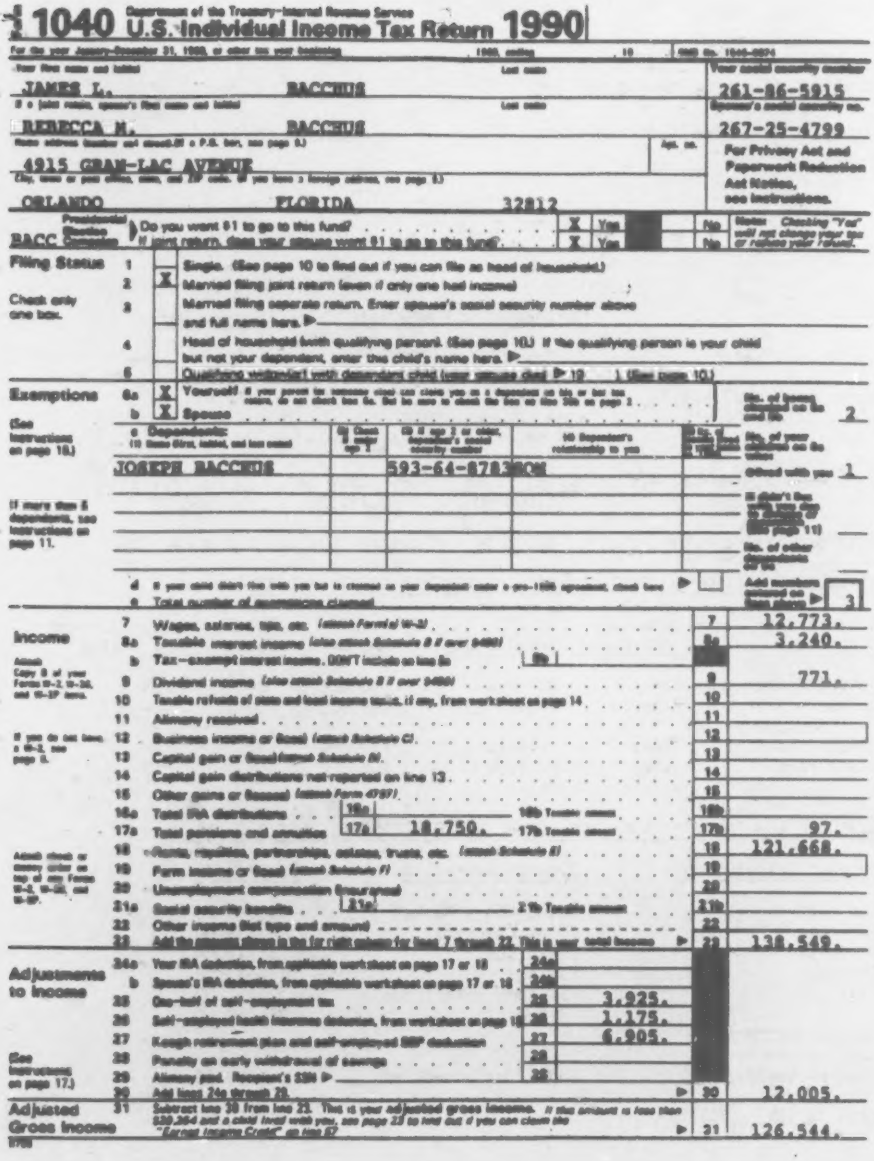
	Market Value	Mortgage Bal.	Mo. Payment
Home: 4915 Gran-Lac Ave.	140,000.00	90,231.00	988.08
Bradford real estate:	2,000.00	None	None

SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Ins. Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
Delaware Amer.	James	Rebecca	100,000	-0-	-0-
Delaware Amer.	Rebecca	James	100,000	-0-	-0-
Fed. Employees Group Life Ins.	James	Rebecca	431,200	-0-	-0-
State Farm	James/ Rebecca	Rebecca/ James	100,000	-0-	558

SCHEDULE E - CASH IN BANKS AND LOANS DUE TO FINANCIAL INSTITUTIONS

Name of Institution	Type of Ownership	On Deposit
SunTrust	Joint Money Market	58,047.00
SunTrust	Joint Checking	1,625.00
SunTrust	IRAs (CDs)	5,172.00
SunTrust	Savings	311.00
SunTrust	Passbook IRAs (James/ Rebecca)	35,152.00
Sargeant at Arms/ U.S. House of Representatives	Individual checking	183.00
CASH ON HAND		100,490.00



1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1990

For the year January–December 31, 1990, or other tax year beginning , 1990, ending , 19 . OMB No. 1545-0074

Your first name and initial JAMES L.	Last name BACCHUS	Your social security number 261-86-5915
If a joint return, spouse's first name and initial REBECCA M.	Last name BACCHUS	Spouse's social security no. 267-25-4799
Home address (number and street). (If a P.O. box, see page 8.) 4915 GRAN-LAC AVENUE	Apt. no.	For Privacy Act and Paperwork Reduction Act Notice, see instructions.
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 8.) ORLANDO FLORIDA 32812		

BACC Presidential Election Campaign	Do you want $1 to go to this fund?	X Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	If joint return, does your spouse want $1 to go to this fund?	X Yes	No	

Filing Status

Check only one box.

1 ☐ Single. (See page 10 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 10.)

Exemptions

(See Instructions on page 10.)

6a ☒ Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☒ Spouse

No. of boxes checked on 6a and 6b 2

c Dependents: (1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1990
JOSEPH BACCHUS		593-64-8783	SON	

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you 1
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e Total number of exemptions claimed

Add numbers entered on lines above ▶ 3

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6.

Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*		7	12,773.
8a	Taxable interest income *(also attach Schedule B if over $400)*		8a	3,240.
b	Tax-exempt interest income. DON'T include on line 8a	8b		
9	Dividend income *(also attach Schedule B if over $400)*		9	771.
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14		10	
11	Alimony received		11	
12	Business income or (loss) *(attach Schedule C)*		12	
13	Capital gain or (loss) *(attach Schedule D)*		13	
14	Capital gain distributions not reported on line 13		14	
15	Other gains or (losses) *(attach Form 4797)*		15	
16a	Total IRA distributions	16a	16b Taxable amount	16b	
17a	Total pensions and annuities	17a 18,750.	17b Taxable amount	17b	97.
18	Rents, royalties, partnerships, estates, trusts, etc. *(attach Schedule E)*		18	121,668.
19	Farm income or (loss) *(attach Schedule F)*		19	
20	Unemployment compensation (insurance)		20	
21a	Social security benefits	21a	21b Taxable amount	21b	
22	Other income (list type and amount)		22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your total income ▶		23	138,549.

Adjustments to Income

(See Instructions on page 17.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a			
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b			
25	One-half of self-employment tax	25	3,925.		
26	Self-employed health insurance deduction, from worksheet on page 18	26	1,175.		
27	Keogh retirement plan and self-employed SEP deduction	27	6,905.		
28	Penalty on early withdrawal of savings	28			
29	Alimony paid. Recipient's SSN ▶	29			
30	Add lines 24a through 29. ▶			30	12,005.

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57.* ▶	31	126,544.

JAMES L. & RERECCA M. BACCHUS 261-86-5915

Form 1040 (1990) Page 2

Tax Compu-tation	32	Amount from line 31 (adjusted gross income)			32	126,544.
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a ☐				
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐				
If you want IRS to figure your tax, see instructions on page 19.	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐				
	34	Enter the larger of: • Your standard deduction (from page 20 that applies to you) OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☒			34	13,624.
	35	Subtract line 34 from line 32.			35	112,920.
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e.			36	6,150.
	37	Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	106,770.
	38	Enter tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, or c ☐ Form 8615 (If any is from Form(s) 8814, enter that amount here ▶ d ______)			38	27,096.
	39	Additional taxes. Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
	40	Add lines 38 and 39. ▶			40	27,096.
Credits	41	Credit for child and dependent care expenses *(attach Form 2441)*	41	100.		
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42			
(See Instruc-tions on page 21.)	43	Foreign tax credit *(attach Form 1116)*	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax *(attach Form 8801)*	45			
	46	Add lines 41 through 45.			46	100.
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	26,996.
Other Taxes	48	Self-employment tax *(attach Schedule SE)*			48	7,849.
	49	Alternative minimum tax *(attach Form 6251)*			49	
	50	Recapture taxes. Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*			51	
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*			52	
	53	Advance earned income credit payments from Form W-2			53	
	54	Add lines 47 through 53. This is your total tax. ▶			54	34,845.
Payments	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55	1,702.		
Attach Forms W-2, W-2G, and W-2P to front.	56	1990 estimated tax payments and amount applied from 1989 return	56	33,500.		
	57	Earned income credit	57			
	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld	59			
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60			
	61	Regulated investment company credit	61			
	62	Add lines 55 through 61. These are your total payments. ▶			62	35,202.
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount OVERPAID ▶			63	357.
	64	Amount of line 63 to be REFUNDED TO YOU ▶			64	357.
	65	Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX ▶	65			
	66	If line 64 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it.			66	
	67	Estimated tax penalty	67			

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature ▶ James L. Bacchus	Date 4/13/91	Your occupation ATTORNEY	
Spouse's signature (if joint return, BOTH must sign) ▶ Rebecca M. Bacchus	Date 4/13/91	Spouse's occupation ADVERTISING	

Paid Preparer's Use Only

Preparer's signature ▶ CPA	Date 04/04/91	Check if self-employed ☐	Preparer's social security no. 267-02-1027
Firm's name (or yours if self-employed) and address ▶ SIMES, GIRVIN & BLAKESLEE, CPA'S P.A. 800 SOUTH DILLARD STREET WINTER GARDEN, FLORIDA		E.I. No. 59-1567188 ZIP code 34787	

Schedules A&B (Form 1040) 1990 — OMB No. 1545-0074 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on Page 1.) JAMES L. & REBECCA M. BACCHUS

Your social security number 261-86-5915

Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

(See Instructions on pages 13 and 31.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Interest Income		Amount
1 Interest income. (List name of payer - if any interest income is from seller-financed mortgages, see Instructions and list that interest first.) ▶	1	
(T) From K-1 Schedule		144.
(T) SUN BANK		3,061.
(T) STATE FARM		35.
2 Add the amounts on line 1. Enter the total	2	3,240.
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	3,240.

Part II Dividend Income

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

(See Instructions on pages 13 and 31.)

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Dividend Income		Amount
5 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶	5	
(T) From K-1 Schedule		771.
6 Add the amounts on line 5. Enter the total	6	771.
7 Capital gain distributions. Enter here and on Schedule D*	7	
8 Nontaxable distributions. (See the Instructions for Form 1040, line 9.)	8	
9 Add the amounts on lines 7 and 8. Enter the total	9	
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	771.

*If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 31.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

	Yes	No
11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)		X
b If "Yes," enter the name of the foreign country ▶		
12 Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

For Paperwork Reduction Act Notice, see Form 1040 Instructions. 4/90

Schedule B (Form 1040) 1990

Schedule E (Form 1040) 1990 Attachment Sequence No. 13 Page 2

Name(s) shown on return. (Do not enter name and social security number if shown on page 1.) JAMES L. & REBECCA M. BACCHUS	Your social security number 261-86-5915

Note: *If you report amounts from farming or fishing on Schedule E, you must include your gross income from those activities on line 41 below.*

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk? (e) All is at risk	(f) Some is not at risk
A	AKERMAN, SENTERFITT AND EIDSON	P		59-0658622	X	
B	A.S. & E. OTHER INCOME	P		59-0658622	X	
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed from Form 8582 (if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 deduction from Form 4562 (see instructions for limits)	(k) Nonpassive income from Schedule K-1
A					
B					122,872.
C			1,204.	-	
D					
E					
28a Totals					122,872.
b Totals			1,204.	-	

29 Add amounts in columns (h) and (k) of line 28a. Enter the total income here . . . 29 122,872.

30 Add amounts in columns (g), (i), and (j) of line 28b. Enter the total here . . . 30 1,204.

31 Total partnership and S corporation income or (loss). Combine amounts on lines 29 and 30. Enter the result here and include in the total on line 40 below . . . 31 121,668.

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		
C		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed from Form 8582 (if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
33a Totals				
b Totals				

34 Add amounts in columns (d) and (f) of line 33a. Enter the total income here . . . 34

35 Add amounts in columns (c) and (e) of line 33b. Enter the total here . . . 35

36 Total estate and trust income or (loss). Combine amounts on lines 34 and 35. Enter the result here and include in the total on line 40 below . . . 36

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

37 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

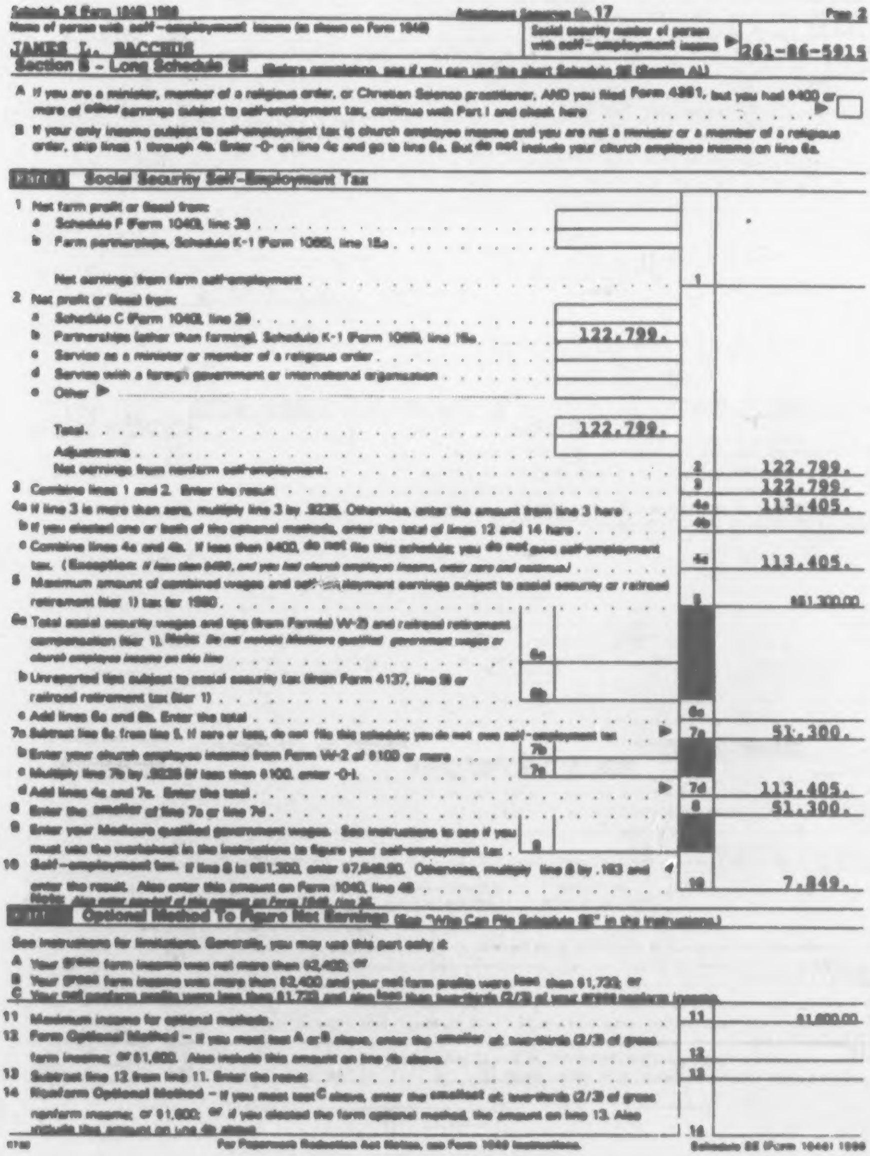
38 Combine amounts in columns (d) and (e) only. Enter the result here and include in the total on line 40 below . . . 38

Part V Summary

39 Net farm rental income or (loss) from Form 4835. (Also complete line 41 below.) . . . 39

40 TOTAL income or (loss). Combine amounts on lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 18 ▶ 40 121,668.

41 Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported in Parts II and III, and on line 39 41



Schedule SE (Form 1040) 1990 — Attachment Sequence No. 17 — Page 2

Name of person with self-employment income (as shown on Form 1040): JAMES L. BACCHUS

Social security number of person with self-employment income ▶ 261-86-5915

Section B - Long Schedule SE (Before completing, see if you can use the short Schedule SE (Section A).)

A If you are a minister, member of a religious order, or Christian Science practitioner, AND you filed Form 4361, but you had $400 or more of other earnings subject to self-employment tax, continue with Part I and check here ▶ ☐

B If your only income subject to self-employment tax is church employee income and you are not a minister or a member of a religious order, skip lines 1 through 4b. Enter -0- on line 4c and go to line 6a. But do not include your church employee income on line 6a.

Part I Social Security Self-Employment Tax

1 Net farm profit or (loss) from:			
a Schedule F (Form 1040), line 37			
b Farm partnerships, Schedule K-1 (Form 1065), line 15a			
Net earnings from farm self-employment		1	
2 Net profit or (loss) from:			
a Schedule C (Form 1040), line 29			
b Partnerships (other than farming), Schedule K-1 (Form 1065), line 15a	122,799.		
c Service as a minister or member of a religious order			
d Service with a foreign government or international organization			
e Other ▶			
Total	122,799.		
Adjustments			
Net earnings from nonfarm self-employment		2	122,799.
3 Combine lines 1 and 2. Enter the result		3	122,799.
4a If line 3 is more than zero, multiply line 3 by .9235. Otherwise, enter the amount from line 3 here		4a	113,405.
b If you elected one or both of the optional methods, enter the total of lines 12 and 14 here		4b	
c Combine lines 4a and 4b. If less than $400, do not file this schedule; you do not owe self-employment tax. (Exception: If less than $400, and you had church employee income, enter zero and continue.)		4c	113,405.
5 Maximum amount of combined wages and self-employment earnings subject to social security or railroad retirement (tier 1) tax for 1990		5	$51,300.00
6a Total social security wages and tips (from Form(s) W-2) and railroad retirement compensation (tier 1). Note: Do not include Medicare qualified government wages or church employee income on this line	6a		
b Unreported tips subject to social security tax (from Form 4137, line 9) or railroad retirement tax (tier 1)	6b		
c Add lines 6a and 6b. Enter the total		6c	
7a Subtract line 6c from line 5. If zero or less, do not file this schedule; you do not owe self-employment tax ▶		7a	51,300.
b Enter your church employee income from Form W-2 of $100 or more	7b		
c Multiply line 7b by .9235 (if less than $100, enter -0-).	7c		
d Add lines 4c and 7c. Enter the total ▶		7d	113,405.
8 Enter the smaller of line 7a or line 7d		8	51,300.
9 Enter your Medicare qualified government wages. See instructions to see if you must use the worksheet in the instructions to figure your self-employment tax	9		
10 Self-employment tax. If line 8 is $51,300, enter $7,848.90. Otherwise, multiply line 8 by .153 and enter the result. Also enter this amount on Form 1040, line 48. Note: Also enter one-half of this amount on Form 1040, line 25.		10	7,849.

Part II Optional Method To Figure Net Earnings (See "Who Can File Schedule SE" in the instructions.)

See instructions for limitations. Generally, you may use this part only if:

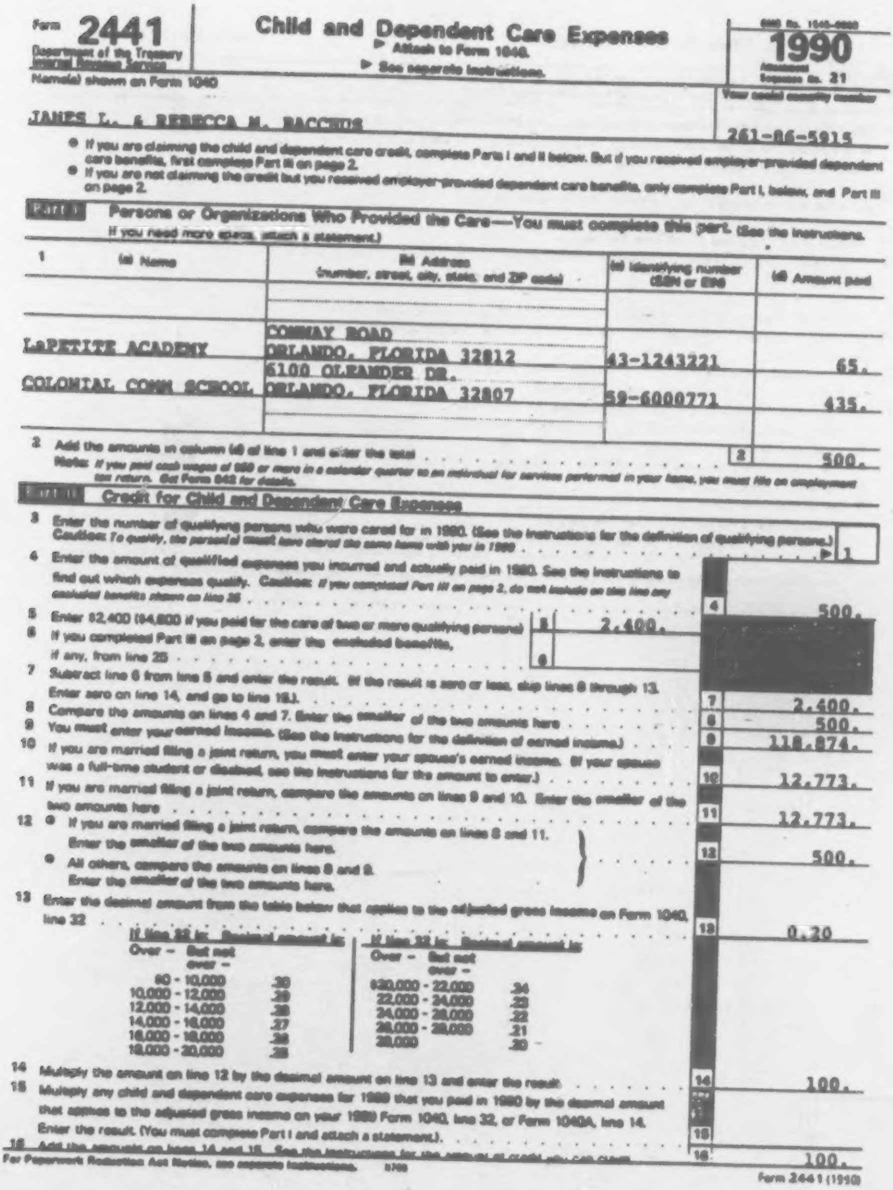
A Your gross farm income was not more than $2,400; or

B Your gross farm income was more than $2,400 and your net farm profits were less than $1,733; or

C Your net nonfarm profits were less than $1,733 and also less than two-thirds (2/3) of your gross nonfarm income.

11 Maximum income for optional methods	11	$1,600.00
12 Farm Optional Method — If you meet test A or B above, enter the smaller of: two-thirds (2/3) of gross farm income; or $1,600. Also include this amount on line 4b above.	12	
13 Subtract line 12 from line 11. Enter the result	13	
14 Nonfarm Optional Method — If you meet test C above, enter the smallest of: two-thirds (2/3) of gross nonfarm income; or $1,600; or if you elected the farm optional method, the amount on line 13. Also include this amount on line 4b above.	14	

For Paperwork Reduction Act Notice, see Form 1040 Instructions. — Schedule SE (Form 1040) 1990



Form **2441**
Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

▶ Attach to Form 1040.
▶ See separate instructions.

OMB No. 1545-0068
1990
Attachment
Sequence No. 21

Name(s) shown on Form 1040: JAMES L. & REBECCA M. BACCHUS

Your social security number: 261-86-5915

- If you are claiming the child and dependent care credit, complete Parts I and II below. But if you received employer-provided dependent care benefits, first complete Part III on page 2.
- If you are not claiming the credit but you received employer-provided dependent care benefits, only complete Part I, below, and Part III on page 2.

Part I **Persons or Organizations Who Provided the Care—You must complete this part.** (See the instructions. If you need more space, attach a statement.)

1 (a) Name	(b) Address (number, street, city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
LaPETITE ACADEMY	CONWAY ROAD ORLANDO, FLORIDA 32812	43-1243221	65.
COLONIAL COMM SCHOOL	6100 OLEANDER DR. ORLANDO, FLORIDA 32807	59-6000771	435.

2	Add the amounts in column (d) of line 1 and enter the total	2	500.

Note: *If you paid cash wages of $50 or more in a calendar quarter to an individual for services performed in your home, you must file an employment tax return. Get Form 942 for details.*

Part II **Credit for Child and Dependent Care Expenses**

3	Enter the number of qualifying persons who were cared for in 1990. (See the instructions for the definition of qualifying persons.) **Caution:** *To qualify, the person(s) must have shared the same home with you in 1990* ▶		1
4	Enter the amount of qualified expenses you incurred and actually paid in 1990. See the instructions to find out which expenses qualify. **Caution:** *If you completed Part III on page 2, do not include on this line any excluded benefits shown on line 26*	4	500.
5	Enter $2,400 ($4,800 if you paid for the care of two or more qualifying persons)	5	2,400.
6	If you completed Part III on page 2, enter the excluded benefits, if any, from line 25	6	
7	Subtract line 6 from line 5 and enter the result. (If the result is zero or less, skip lines 8 through 13. Enter zero on line 14, and go to line 15.)	7	2,400.
8	Compare the amounts on lines 4 and 7. Enter the **smaller** of the two amounts here	8	500.
9	You must enter your **earned income.** (See the instructions for the definition of earned income.)	9	118,874.
10	If you are married filing a joint return, you **must** enter your spouse's earned income. (If your spouse was a full-time student or disabled, see the instructions for the amount to enter.)	10	12,773.
11	If you are married filing a joint return, compare the amounts on lines 9 and 10. Enter the **smaller** of the two amounts here	11	12,773.
12	• If you are married filing a joint return, compare the amounts on lines 8 and 11. Enter the **smaller** of the two amounts here. • All others, compare the amounts on lines 8 and 9. Enter the **smaller** of the two amounts here.	12	500.
13	Enter the decimal amount from the table below that applies to the adjusted gross income on Form 1040, line 32	13	0.20

If line 32 is: Over –	But not over –	Decimal amount is:	If line 32 is: Over –	But not over –	Decimal amount is:
$0	10,000	.30	$20,000	22,000	.24
10,000	12,000	.29	22,000	24,000	.23
12,000	14,000	.28	24,000	26,000	.22
14,000	16,000	.27	26,000	28,000	.21
16,000	18,000	.26	28,000		.20
18,000	20,000	.25			

14	Multiply the amount on line 12 by the decimal amount on line 13 and enter the result	14	100.
15	Multiply any child and dependent care expenses for 1989 that you paid in 1990 by the decimal amount that applies to the adjusted gross income on your 1989 Form 1040, line 32, or Form 1040A, line 14. Enter the result. (You must complete Part I and attach a statement.)	15	
16	Add the amounts on lines 14 and 15. See the instructions for the amount of credit you can claim	16	100.

For Paperwork Reduction Act Notice, see separate instructions. 8/08

Form 2441 (1990)

JAMES L. & REBECCA M. BACCHUS 261-86-5915

Form 2441 (1990) Page 2

Part III **Employer-Provided Dependent Care Benefits**— Complete this part only if you received employer-provided dependent care benefits. Also, be sure to complete Part I.

17	Enter the total amount of employer-provided dependent care benefits you received for 1990. (This amount should be shown in Box 16 of your W-2 form(s). Do **not** include amounts that were reported to you as wages in Box 10 of Form(s) W-2	17	
18	Enter the amount forfeited, if any. **Caution:** *See the instructions*	18	
19	Subtract line 18 from line 17 and enter the result	19	
20	Enter the total amount of qualified expenses incurred in 1990 for the care of a qualifying person. (See the instructions.)	20	
21	Compare the amounts on lines 19 and 20. Enter the **smaller** of the two amounts here	21	
22	You **must** enter your **earned income.** (See the instructions for lines 9 and 10 for the definition of earned income.)	22	
23	If you were married at the end of 1990, you **must** enter your spouse's earned income. (If your spouse was a full-time student or disabled, see the instructions for lines 9 and 10 for the amount to enter.)	23	
24	• If you were married at the end of 1990, compare the amounts on lines 22 and 23. Enter the **smaller** of the two amounts here. • If you were unmarried, enter the amount from line 22 here.	24	
25	**Excluded benefits.** Enter here the **smallest** of the following: • The amount from line 21, or • The amount from line 24, or • $5,000 ($2,500 if married filing a separate return).	25	
26	**Taxable benefits.** Subtract line 25 from line 19. Enter the result, but not less than zero. Also include this amount in the total on Form 1040, line 7. On the dotted line next to line 7, write "DCB"	26	

Note: *If you are also claiming the child and dependent care credit, fill in Form 1040 through line 40. Then complete Part II of this form.*

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals and Fiduciaries

▶ Attach to Form 1040, Form 1040A, or Form 1041.

OMB No. 1545-0140

1990

Attachment Sequence No. 44

Name(s) shown on tax return: JAMES L. & REBECCA M. BACCHUS

Identifying number: 261-86-5915

A Change To Note

In response to many requests to simplify Form 2210, IRS has developed a new **Short Method** to figure the penalty. To see if you can use the short method, read the instructions on this page. Then, if you can use it, complete only Parts I and II below.

Purpose of Form

Use Form 2210 to see if you owe a penalty for underpaying your estimated tax and, if you do, to figure the amount of the penalty.

If you prefer, IRS will figure the penalty for you and send you a bill. But see **Lowering Your Penalty** below. If you want IRS to figure the penalty for you, leave the penalty line on your return blank; do not file Form 2210.

Lowering Your Penalty

If any of the conditions below applies to you, you may be able to lower the amount of your penalty. But you must complete and attach Form 2210 to your tax return to do so. In the space next to the penalty amount on your tax return, you **must** write the letter (**A**, **B**, or **C**) that corresponds to any of the following conditions that applies to you.

A. You claim a **waiver**. See page 1 of the separate instructions.

B. Your income varied during the year and you use the **annualized income installment method** to figure your required installment payments. See the instructions for line 20.

C. You had Federal income tax withheld from your wages and you treat it as being paid when it was **actually withheld** (instead of in four equal amounts). See the instructions for line 21.

Short Method

If you made estimated tax payments, you may use the short method **only** if:

- You paid your estimated tax in four equal amounts; **and**
- You paid your estimated tax on the due dates.

You may also use the short method if you made no payments at all, or your only credit for payment was due to Federal income tax withholding.

Note: *If you made estimated tax payments, the short method will give the precise penalty amount only if your payments were made exactly on the due dates. If any payment was made early, using the short method may cause you to pay a larger penalty than the regular method. If the payment is only a few days early, the difference will generally be small.*

Although line 17 of the short method requires a five-place decimal computation, it will relieve you of making the more complicated computations under the regular method.

Do not use the short method if you made any of your estimated tax payments late.

You must use the regular method if **B** or **C** under **Lowering Your Penalty** applies. But if **A** applies, and you meet the conditions above, you may use the short method.

Regular Method

Use the regular method to figure the penalty if you did not pay your estimated tax payments on the due dates or in four equal amounts. To use the regular method, complete Part I below and Part III on the back.

Part I **Required Annual Payment** — All filers must complete this part.

1	Enter your 1990 tax after credits from Form 1040, line 47; Form 1040A, line 25; or Form 1041, Schedule G, line 4			1	26,996.
2	Other taxes			2	7,849.
3	Add lines 1 and 2			3	34,845.
4	Earned income credit	4			
5	Credit for Federal tax on fuels	5			
6	Add lines 4 and 5			6	
7	Current year tax. Subtract line 6 from line 3			7	34,845.
8	Multiply line 7 by 90% (.90) and enter the result.	8	31,361.		
9	Withholding taxes from 1990 Form 1040, lines 55 and 59; Form 1040A, line 28a; or Form 1041, line 24e. Include any credit from Form 4469. (Do **not** include any estimated tax payments on this line).			9	1,702.
10	Subtract line 9 from line 7. If the result is less than $500, stop here; do not complete or file this form. You do not owe the penalty			10	33,143.
11	Enter your prior year (1989) tax. (**Caution:** *See instructions.*)			11	42,900.
12	Required annual payment. Enter the **smaller** of line 8 or line 11			12	31,361.

Note: *If line 9 is equal to or more than line 12, stop here. You do not owe the penalty.*

Part II **Short Method** - If you made estimated tax payments, use this method only if they were paid on the due dates and in four equal amounts. Otherwise, use the regular method (Part III on page 2).

13	Enter the amount, if any, from line 9 above	13			
14	Enter the total amount, if any, of estimated tax payments you made.	14			
15	Add lines 13 and 14			15	
16	**Total underpayment for year.** Subtract line 15 from line 12. (If the result is zero or less, stop here; you do not owe the penalty.)			16	
17	Multiply line 16 by .07316 and enter the result			17	
18	● If the amount on line 16 was paid **on or after** 4/15/91, enter -0-. ● If the amount on line 16 was paid **before** 4/15/91, make the following computation to find the amount to enter on line 18. Amount on line 16 × Number of days paid before 4/15/91 × .0003			18	
19	**PENALTY.** Subtract line 18 from line17. Enter the result here and on Form 1040, line 67; Form 1040A, line 33; or Form 1041, line 26. ▶			19	

For Paperwork Reduction Act Notice, see separate Instructions.

JAMES L. & REBECCA M. BACCHUS 261-86-5915

Form 2210 (1990) Page 2

Part III Regular Method

Section A—Figure Your Underpayment		Payment Due Dates (a) 4/16/90	(b) 6/15/90	(c) 9/17/90	(d) 1/15/91
20 Required installments. Divide line 12 by 4 and enter the result in each column. Exception: If you use the annualized income installment method, see the instructions and check this box ▶ ☒ Complete lines 21 through 28 of one column before going to the next column.	20	5,475.	7,214.	4,949.	13,723.
21 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 21 on line 25	21	6,851.	6,850.	5,352.	17,851.
If line 21 is equal to or more than line 20 for all payment periods, stop here; you do not owe the penalty. But see "Lowering Your Penalty" on page 1.					
22 Enter amount, if any, from line 28 of previous column	22		1,376.	1,012.	1,415.
23 Add lines 21 and 22	23		8,226.	6,363.	19,266.
24 Add amounts on lines 26 and 27 of the previous column. Enter the total here	24				
25 Subtract line 24 from line 23. If zero or less, enter -0-. For column (a) only, enter the amount from line 21	25	6,851.	8,226.	6,363.	19,266.
26 Remaining underpayment from previous period. If the amount on line 25 is -0-, subtract line 23 from line 24 and enter the result. Otherwise, enter -0-	26				
27 Underpayment. If line 20 is equal to or more than line 25, subtract line 25 from line 20. Then go to line 21 of next column. Otherwise, go to line 28 ▶	27				
28 Overpayment. If line 25 is more than line 20, subtract line 20 from line 25. Then go to line 21 of next column	28	1,376.	1,012.	1,415.	5,543.

Section B—Figure the Penalty (Complete lines 29 and 30 of one column before going to the next column.)

		4/16/90	6/15/90	9/17/90	1/15/91
29 Number of days FROM the date shown above line 29 TO the date the amount on line 27 was paid or 4/15/91, whichever is earlier	29	Days See Schedule #1	Days	Days	Days
30 $\frac{\text{Number of days on line 29}}{365} \times .11 \times$ underpayment on line 27 ▶	30	$	$	$	$

31 PENALTY. Add all amounts in each column of line 30. Enter the total here and on Form 1040, line 67; Form 1040A, line 33; or Form 1041, line 26 ▶ 31 $

JAMES L. & REBECCA M. BACCHUS SSN : 261-86-5915

SCHEDULE 1 - Annualization Worksheet of 2210 J yY P

	1/1/90 to 3/31/90	1/1/90 to 5/31/90	1/1/90 to 8/31/90	1/1/90 to 12/31/90
1 AGI	23,612	42,659	64,077	139,173
2 Annualisation Amounts	4	2.4	1.5	1
3 Multiply Ln1 by Ln2	94,448	102,382	96,116	139,173
4 Itemized deductions	3,500	4,000	6,400	14,148
5 Annualization Amounts	4	2.4	1.5	1
6 Multiply line 4 by line 5	14,000	9,600	9,600	14,148
7 Standard deduction	5,450	5,450	5,450	5,450
8 Larger of line 6 and line 7	14,000	9,600	9,600	14,148
9 Subtract line 8 from line 3	80,448	92,782	86,516	125,025
10 $2050 * Exemptions	6,150	6,150	6,150	6,150
11 Subtract line 10 from line 9	74,298	86,632	80,366	118,875
12 Tax on line 11	16,585	20,450	18,382	31,090
13 SE tax from SE tax worksheet	7,849	7,849	7,849	7,849
14 Other taxes	0	0	0	0
15 Total lines 12, 13 and 14	24,434	28,299	26,231	38,939
16 Allowed credits	100	100	100	100
17 Line 15 - line 16. Limit to 0	24,334	28,199	26,131	38,839
18 Applicable percentage	22.5%	45.0%	67.5%	90.0%
19 Multiply line 17 by 18	5,475	12,690	17,638	34,955
20 All line 26 from prior columns	0	5,475	12,690	17,638
21 Line 19 - line 20. Limit to 0	5,475	7,214	4,949	17,317
22 Divide line 12 of F2210 by four	7,840	7,840	7,840	7,840
23 Line 25 from preceding columns	0	2,365	2,991	5,882
24 Add line 22 and line 23	7,840	10,205	10,831	13,723
25 If Ln 24 > ln 21, enter difference	2,365	2,991	5,882	0
26 The smaller of ln 21 and ln 24	5,475	7,214	4,949	13,723

SE Tax Worksheet

1a Net SE income for the period	12,862	29,886	46,800	120,000
b Annualised amounts	4	2.4	1.5	1
c Multiply line 1a by line 1b	51,448	71,726	70,200	120,000
2 Limit	51,300	51,300	51,300	51,300
3 Wages subject to SSA	0	0	0	0
4 Annualization amounts	4	2.4	1.5	1
5 Multiply line 3 by line 4	0	0	0	0
6 Subtract line 5 from line 2	51,300	51,300	51,300	51,300
7 Lesser of line 1c and line 6	51,300	51,300	51,300	51,300
8 Multiply line 7 by 0.153	7,849	7,849	7,849	7,849

Reporting Individual's Name
James Leonard Bacchus

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	Florida Endowment for the Humanities (Term expired 1990)
Board Member	Greater Orlando Chamber of Commerce (Term expired 1990)
Board Member	Florida Space Business Roundtable (resigned 12/31/90)
Partner	Akerman, Senterfitt & Eidson (resigned 12/31/90)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
12/31/90	Resignation as Partner from Akerman, Senterfitt & Eidson, Attorneys at Law, Orlando, Fl	Return of capital in the amount of $36,900 within 1 year. Withdrawel of vested funds in Integrated Profit Sharing Fund (approx $18,500 in accordance with plan agreement during 1991; payment of $32,848.20 in retirement benefits to be paid over 60 months beginning in April 1991, in accordance with partnership agreement.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James Leonard Bacchus	May 15, 1991

Form **4952**
Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

▶ See separate instructions.
▶ Attach to your tax return.

OMB No. 1545-0191
1990
Attachment
Sequence No. 72

Name(s) shown on return: JAMES L. & REBECCA M. BACCHUS
Identifying number: 261-86-5915

1	Investment interest expense paid or accrued in 1990			1 158.
2	Investment income minus investment expenses		2 4,011.	
3	Phase-in adjustment from passive activities		3	
4	**Net investment income.** Subtract line 3 from line 2. If zero or less, enter -0-			4 4,011.
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 13, and skip lines 6 through 12			5
6	Enter the amount from line 1, minus the interest expense from certain trade or businesses			6
7	Enter the amount from line 2, without the income or expenses from certain trade or businesses		7 0.	
8	Phase-in ceiling amount: **Individuals (not married filing separately) and estates,** enter $10,000 **Married individuals filing separately,** enter $5,000 **Trusts,** enter -0-		8 0.	
9	Add lines 7 and 8			9 0.
10	Subtract line 9 from line 6. If zero or less, enter -0-			10 0.
11	Subtract line 10 from line 5. If zero or less, enter -0-			11 0.
12	Multiply line 11 by 90% (.9)			12 0.
13	Add lines 10 and 12			13 0.
14	Enter the amount from line 1		14 158.	
15	Enter the smaller of line 5 or line 13		15	
16	Subtract line 15 from line 14		16 158.	
17	Disallowed investment interest expense from 1989 Form 4952, line 23. If zero, enter -0- here and on lines 21 and 22, and skip lines 18 through 20		17 0.	
18	Enter the amount from line 4. If line 4 is zero, enter -0- here and on line 20 and skip line 19	18		
19	Enter the amount from line 1	19		
20	Subtract line 19 from line 18. If zero or less, enter -0-	20		
21	Enter the smaller of line 17 or line 20		21 0.	
22	Subtract line 21 from line 17		22 0.	
23	**Disallowed investment interest expense to be carried forward to 1991.** Add lines 15 and 22			23
24	**Investment interest expense deduction.** Add lines 16 and 21			24 158.

For Paperwork Reduction Act Notice, see page 1 of separate instructions.
8760

"Alt Min Tax"

Form **4952**
Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

▶ See separate instructions.
▶ Attach to your tax return.

OMB No. 1545-0191
1990
Attachment Sequence No. 72

Name(s) shown on return: JAMES L. & REBECCA M. BACCHUS

Identifying number: 261-86-5915

1	Investment interest expense paid or accrued in 1990			1	158.
2	Investment income minus investment expenses	2	4,011.		
3	Phase-in adjustment from passive activities	3	0.		
4	**Net investment income.** Subtract line 3 from line 2. If zero or less, enter -0-			4	4,011.
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 13, and skip lines 6 through 12			5	
6	Enter the amount from line 1, minus the interest expense from certain trade or businesses			6	
7	Enter the amount from line 2, without the income or expenses from certain trade or businesses	7	0.		
8	Phase-in ceiling amount: **Individuals (not married filing separately)** and **estates**, enter $10,000 **Married individuals filing separately**, enter $5,000 **Trusts**, enter -0-	8	0.		
9	Add lines 7 and 8			9	0.
10	Subtract line 9 from line 6. If zero or less, enter -0-			10	0.
11	Subtract line 10 from line 5. If zero or less, enter -0-			11	0.
12	Multiply line 11 by 90% (.9)			12	0.
13	Add lines 10 and 12			13	
14	Enter the amount from line 1	14	158.		
15	Enter the smaller of line 5 or line 13	15			
16	Subtract line 15 from line 14	16	158.		
17	Disallowed investment interest expense from 1989 Form 4952, line 23. If zero, enter -0- here and on lines 21 and 22, and skip lines 18 through 20	17	0.		
18	Enter the amount from line 4. If line 4 is zero, enter -0- here and on line 20 and skip line 19	18			
19	Enter the amount from line 1	19			
20	Subtract line 19 from line 18. If zero or less, enter -0-	20			
21	Enter the smaller of line 17 or line 20	21	0.		
22	Subtract line 21 from line 17	22	0.		
23	**Disallowed investment interest expense to be carried forward to 1991.** Add lines 15 and 22			23	
24	**Investment interest expense deduction.** Add lines 16 and 21			24	158.

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

JAMES L. & REBECCA M. BACCHUS **SSN: 261-86-5915 Page 1**

SCHEDULE 2 - Medical and Dental Expenses

Description	Amount
Self-employment Health Insurance	3,526
	3,526

SCHEDULE 3 - Personal Interest

Description	Amount
CREDIT CARDS	564
GMAC	1,034
Personal Interest	
	1,598

SCHEDULE 4 - Cash Contributions

Description	Amount
Cash Cont. Not Requiring Detail	222
From Pass-through Entities	1,814
	2,036

JAMES L. & REBECCA M. BACCHUS SSN: 261-86-5915

Schedule 5 - Partnerships, S-Corporations, Estates and Trusts - K-1 Detail

Partnership K-1 # 1

(T) Name AKERMAN, SENTERFITT AND EIDSON
Address P. O. BOX 231
ORLANDO, FLORIDA 32802
Federal E.I.# 59-0658622

```
                     Yes No                        Yes No
Foreign Partnership | | |X| Farm Partnership      | | |X|              0
Passive Activity    | | |X| Percent excluded from transition rules   0.00%
Tax Shelter Registration Number                        Tax Shelter Code
```

Income and Loss (Before Limitation)

Ordinary income (loss) from trade, business or rental activity	122,872
Portfolio income (loss):	
Interest-taxable	144
Dividends	771

Deductions (Before Limitation)

Charitable:	
50% contributions	1,814
Other deductions:	
Payments for partner to an KEOGH	6,905
Self-employment health insurance	4,701

Self-Employment

Net earnings (loss) from self-employment	122,799

Schedule 5 - Partnerships, S-Corporations, Estates and Trusts - K-1 Detail

Partnership K-1 # 2

(T) Name A.S. & E. OTHER INCOME
Address P. O. BOX 231
ORLANDO, FLORIDA 32802
Federal E.I.# 59-0658622

	Yes	No		Yes	No	
Foreign Partnership	☐	☒	Farm Partnership	☐	☒	0
Passive Activity	☐	☒	Percent excluded from transition rules			0.00%

Tax Shelter Registration Number Tax Shelter Code

Income and Loss (Before Limitation)

Ordinary income (loss) from trade, business or rental activity	-1,204

Schedule 5 - Partnerships, S-Corporations, Estates and Trusts - K-1 Summary

Income and Loss (Before Limitation)

Ordinary income (loss) from trade, business or rental activity	121,668
Portfolio income (loss):	
Interest-taxable	144
Dividends	771

Deductions (Before Limitation)

Charitable:	
50% contributions	1,814
Other deductions:	
Payments for partner to an KEOGH	6,905
Self-employment health insurance	4,701

Self-Employment

Net earnings (loss) from self-employment	122,799

1 Control number

For Official Use Only ▶
OMB No. 1545-[illegible]

2 Payer's name, address, and ZIP code
[illegible]

3 Payer's Federal identification number

4 Payer's state I.D. number

5 State income tax withheld

6 Name of state

7 ☐ Tax amt not determined ☐ Deceased ☐ Lump sum ☐ Subtotal ☐ IRA/SEP ☐ Void

8 Recipient's social security no.

9 Gross annuity, pension, etc.

10 Taxable amount

11 Federal income tax withheld

12 Recipient's name (first, middle, last)
[illegible]

13

14 Distribution code

15 Recipient's address and ZIP code

For Paperwork Reduction Act Notice, see separate instructions.

Copy B—File with recipient's FEDERAL tax return
This information is being furnished to the Internal Revenue Service

Form **W-2P 1990** **Statement for Recipients of Annuities, Pensions, Retired Pay, or IRA Payments**

Department of the Treasury
Internal Revenue Service

---

1 Control number

OMB No. 1545-0008

2 Employer's name, address, and ZIP code
FRAILEY & WILSON INC.
337 No Garland Ave
Orlando, FL 32801

6 ☐ Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ 942 emp. ☐ Subtotal ☐ Deferred compensation ☐ Void

7 Allocated tips

8 Advance EIC payment

9 Federal income tax withheld
1,702.00

10 Wages, tips, other compensation
12,773.10

3 Employer's identification number
59-1776719

4 Employer's state I.D. number

5 Employee's social security number
267 25 4799

11 Social security tax withheld
977.19

12 Social security wages
12,773.10

13 Social security tips

14 Nonqualified plans

19 Employee's name, address and ZIP code
REBECCA M. BACCHUS

4915 Gran-Lac Ave
Orlando, FL 32812

15 Dependent care benefits

16 Fringe benefits incl. in Box 10

17

18 Other

20

21

22

23

24 State income tax

25 State wages, tips, etc.

26 Name of state

27 Local income tax

28 Local wages, tips, etc.

29 Name of locality

Copy B To be filed with employee's FEDERAL tax return

Dept. of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1990**

This information is being furnished to the Internal Revenue Service

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 5:57
U.S. HOUSE OF REPRESENTATIVES

RICHARD HUGH BAKER
(Full Name)

404 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: LOUISIANA District: 06	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED
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(Office Use Only)

(6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Consumer Protective Life Insurance Company 4/28/90	Speech	2,000.00	
	Gulf Coast Casualty Insurance 7/14/90	Speech	2,000.00	
	Petrin Corporation 7/20/90	Speech	500.00	
	All Equipment Manufacturing Company, Inc. 7/20/90	Speech	1,000.00	
	Charles Dunbar, III, Philphs, Dunbar Law Firm 7/25/90	Speech	1,500.00	
	Ventur Publications 7/10/90	Speech	1,000.00	
	J.G. Weinmann, Waverly Company 7/26/90	Speech	1,000.00	
	Textron Marine 8/17/90	Speech	1,000.00	
	Our Lady of the Lake Hospital 8/29/90	Speech	2,000.00	
	Jack Lawton, Inc. 8/24/90	Speech	1,500.00	

For additional earned income, use next page

Reporting Individual's Name

Richard Hugh Baker

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Ann Edelman, Edelman Advertising 11/15/90	Speech	1,500.00	
Barry Bushada, Disel Driving Academy 11/24/90	Speech	1,000.00	
Lansing Cobb 12/17/90	Speech	1,000.00	
Crushed Stone Asso. 2/16/90	Speech	200.00	
Avondale Industries 1/16/90	Speech	500.00	
Jones, Walker, Waechter, Portevent, Carriert, Denegre 1/26/90	Speech	500.00	
Consolidated Natural Gas 1/30/90	Speech	500.00	
The Lamar Corportation 3/23/90	Speech	2,000.00	
Dr. Robert Miller 2/15/90	Speech	500.00	
Corrective Legislative Asso. 3/30/90	Speech	2,000.00	
The Capitol Forum 4/24/90	Speech	500.00	
John Noland 5/18/90	Speech	2,000.00	
National Restaurant Assn. 5/19/90	Speech	1,000.00	
K's Louisiana Market	Wife's Salary	N/A	
1884 Shoppe	Wife's Salary	N/A	

Reporting Individual's Name

Richard Hugh Baker

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
				none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			LPB Minerals	X									X									X							
			Glacier Technology				X													X									
			Scenic Investments East Baton Rouge Parish Real Estate			X														X									
			1884 Shoppe				X																						
			K's Louisiana Market				X																						

For additional assets and unearned income, use next page

Reporting Individual's Name
Richard Hugh Baker

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Hidden Lake-East Baton Rouge Real Estate		X				X					
	Lot 74-Central Woods		X			X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Premier Bank-451 Florida Street, Baton Rouge, LA	Business Loan			X				
	First State Bank-3033 Weiland Dr.,Baker, LA	Business Loan	X						
	Sunburst Bank-8440 Jefferson Hwy., Baton Rouge, LA	Business Loan	X						

Reporting Individual's Name

Richard Hugh Baker

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Task Force For Tax Policy & Job Opportunity	Apr. 27 & 28, 1990	Roundtrip Air from National to Little Rock to Baton Rouge	
National Restaurant Assn.	May 19 & 20, 1990	Roundtrip Air from Baton Rouge to Chicago to Baton Rouge	
The Urban Land Institute	Nov.2,1990	Roundtrip Air from National to Chicago to National	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Richard Hugh Baker

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Scenic Investments/Hidden Lake
Partner	LPB Minerals
Owner	Baker Real Estate

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard H Baker	5/15/91

GPO: 1991 27-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY -8 [illegible] 4:27
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Thomas Cass Ballenger
(Full Name)

867 20th Avenue Drive, NW
(Mailing Address)

Hickory, NC 28601

Filer Status	☒ Member of the U.S. House of Representatives State: NC District: 10	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

mc (Office Use Only) ⑯

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Plastic Packaging, Inc. - family business	Salary - Exempt from Rule XLVII	20,000	
	Plastic Packaging, Inc.	Spouse Salary	N/A	
	Tarheel Packaging	Commission Spouse	N/A	
	Plastic Packaging, Inc.	Pension	2,571	
	Plastic Packaging, Inc. - Spouse	Pension	2,346	
	Anchor National Life Insurance	Pension	3,444	
	N.C. Retirement System	Pension	3,453	
	The Tobacco Institute	Honorarium 1-20-90	2,000	X
	Security Company Organized for Legislative Action	Honorarium 5-15-90	500	X
	National Federation of Independent Business	Honorarium 7-6-90	500	X

For additional earned income, use next page

Reporting Individual's Name
Ballenger, T. Cass

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Phillip Morris Companies	Honorarium 7-16-90	2,000	X
Pressure Sensitive Tape Council	Honorarium 3-5-90	1,000	X
United Technologies	Honorarium 6-25-90	1,000	X

Reporting Individual's Name

Ballenger, T. Cass

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	192 Main Street, Dover, Delaware				X							X								X							
S	Financial Clearing Service - Brokerage Acct									*	X								X								
T	FPA Paramount Mutual		X								X								X								
T	Heritage Cash Trust		X								X								X								X
S	Plastic Packaging					X					X										X						
T	Plastic Packaging								X		X													X			
JT	Washington Apt (Basement of Home 450 New Jersey Ave)						X					X						X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Ballenger, T. Cass

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
S	Heritage Cash Trust - Money Market			X							X									X							X
S	Sun America Money Market	X									X									X							X
T	Sun America Money Market	X									X							X									X
S	Raymond James & Assoc - Brokerage Acct									*	X										X						
T	Raymond James & Assoc - Brokerage Acct									*	X								X								
S	Royal Alliance Assoc - Brokerage Acct									*	X									X							
S	Windsor Fund		X								X								X								
T	Patriot Premium Div Fund			X							X										X						X
T	Oppenheimer - Brokerage Acct									*	X							X									
JT	Charles R. Young, Sr. - Apartment Sale Note			X									X								X						
S	Cindy Brinkley - Note		X										X						X								
T	Congress Federal Credit Union - Bank Acct												X							X							
S	Financial Clearing Service - Brokerage Acct									*			X					X									
S	Melissa Jordan - Note		X										X						X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Ballenger, T. Cass

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
T	Pelican - Memphis #6	X															Royalties		X								
T	Pelican - Perkins Evans	X															Royalties		X								
T	CADY Associates	X															Partnership Inc	X									
S	Oak Plantation Assoc	X											X				Partnership Inc	X X									
T	Oak Plantation Assoc	X											X				Partnership Inc	X X									
T	AAI Forest Hills	X											X				Partnership Inc	X X									
T	AAI Breckinridge	X											X				Partnership Inc	X	X								
T	AAI Four Seasons		X										X				Partnership Inc	X	X								
T	ARI Georgetown Square	X											X				Partnership Inc	X	X								
T	ARI Brentwood Highlights	X											X				Partnership Inc	X	X								
T	ARI Freeway Park	X											X				Partnership Inc	X X									
T	Balmark Realty		X										X				Partnership Inc	X X									
T	Dyco Petro Co 1982-1	X											X				Partnership Inc	X X									
T	Dyco Petro Co 1981-2	X											X				Partnership Inc	X X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name

Ballenger, T. Cass

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
T	Dyco Petro Co 1983-1	X											X				Partner-ship Inc	X X									
T	Dyco Petro Co 1984-1	X											X				Partner-ship Inc	X X									
T	Prutech Res E. Dev	X											X				Partner-ship Inc	X X									
S	Cimarron Prairie LTD	X											X				Partner-ship Inc	X X									
T	Income Investors		X								X						Partner-ship Inc	X	X								
T	Georgetown Square Group		X										X				Partner-ship Inc	X X									
S	Balmark Realty			X									X				Partner-ship Inc	X X									
T	Southern Inns Assoc Ltd PTN		X										X				Partner-ship Inc	X	X								
S	MAJCO Bldg Specialist			X													Partner-ship Inc		X								
T	American Real Est Partners		X										X				Partner-ship Inc	X X									
S	McNeil Real Est Fund XI	X											X				Partner-ship Inc	X X									
T	Hunter Publishing	X											X				Partner-ship Inc	X X									
S	Behr Venture Partner	X															Partner-ship Inc	X									X
S	Southern National Corp		X														--										X

Financial Disclosure A-2(a)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Ballenger, T. Cass

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	NCNB - Bank Accounts			X									X									X					
S	Prudential Insurance	X											X					X									
T	Statesville Belmont Church Bond	X											X					X									
S	NC Med Care Comm Bonds			X									X						X								
T	Triangle Litigation Settlement	X											X	X					X	X							
S	Wachovia - Bank Acct	X											X					X									
S	Raymond James - Brokerage Acct									*			X								X						
T	Raymond James - Brokerage Acct									*			X					X									
S	Royal Alliance Assoc - Brokerage Acct									*			X						X								
S	St Louis Public Bond	X												X					X								X
	Southeastern Savings Bank Stock	X												X				X									X
	Maxtor Corp Stock	X												X					X								X
	Petro Lewis Litigation Settlement	X												X					X								
S	NC Muni Power Agency Bonds			X									X							X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Ballenger, T. Cass

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Archer Daniels Midland Stock		X														@										X
	Aris Corp Stock	X															@										
	AT&T Stock		X														@										
	Contel Corp Stock			X													@										
	Pepsico Stock		X														@										X
	Rockefeller Center Stock		X														@										
	WR Grace Stock				X									X			@		X								X
	NCNB Stock		X														@										X
	Schering Plough Stock		X														@										X
	Waste Management, Inc. Stock		X														@										X
	First Wachovia Corp Stock		X														@										X
	Attwoods PLC ADR Stock		X														@										X
	GNMA Pass through Notes		X														@										
	Homestead FLA Electric Bond		X														@										
	Kemper Trust Bonds		X											X			@	X									X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Ballenger, T. Cass

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Nuveen Bond Fund 183Q		X														@										
	Nuveen Bond Fund 87Q		X														@										
T	Dyco Petro 1982-1									#				X				X									
T	Dyco Petro 1981-1									#				X				X									
T	Dyco Petro 1984-1									#				X				X									
T	Prutech Res & Dev									#				X					X								
S	Majco Bldg Specialist									#				X				X									
T	Americal Real Estate Part									#				X				X									
S	McNeil Real Estate Part									#				X						X							
S	Bank of Granite Stock			X													@										
T	BB&T Stock		X														@										
S	Anderson County TN Bonds		X														@										
	* - Brokerage account values for stocks listed seperately																										
	# - Income from partnership, partnership value listed seperately																										
	@ - Stock held by brokerage account, income listed under brokerage account name																										

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Reporting Individual's Name
Ballenger, T. Cass

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	St Louis Public Bond		X		7-23-90	X						
S	250 Shares of WR Grace Common Stock		X		12-21-90	X						
T	1576 Shares of SE Savings Bank Stock		X		1-31-90	X						
JT	Installment Sale of Apartments sold on 11-30-89		X		-	X						
	See Schedule											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Maridian Mtg	Mortgage on Washington home				X			
JT	NCNB	Note Payable				X			

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Ballenger, T. Cass

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tobacco Institute Legislative Conf		Jan 17-20, 1990	Roundtrip Airfare from Washington, DC to Palm Springs, CA 3 days food and lodging self and spouse	
National Federation of Independent Business Eastern Regional Sales Conf		July 6, 1990	Roundtrip airfare from Washington, DC to Philadelphia, PA	
Congressional Institute 100th Freshmen Class Retreat		Nov 30,'90 to Dec 2,'90	3 days food and lodging for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

U.S. House of Representatives
COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

BALLENGER, T. CASS

Part IV Transactions

		Transaction	Date	Amount
S	NCNB Stock	Purchase	12-21-90	B
S	Schering Plough Stock	Purchase	12-21-90	B
S	Waste Mgmt. Inc. Stock	Purchase	10-18-90	B
T	First Wachovia Corp Stock	Purchase	12-21-90	B
S	Attwoods PLC ADR Stock	Purchase	8-20-90	B
S	Pepsico Stock	Stk. Div.	9-5-90	-
S	Archer Daniels - Midland	Stk. Div.	9-17-90	-
T	Patriot Premium Dividend Fund	Purchase	1-1-90	C
T	Heritage Cash Trust	Purchase	Various	B
T	Integrated Resources	Transfer of Cash to Broker	Various	B
S	Kemper Tax Exempt Bond Fund	Sale	Various	B
S	Southern National Corp	Purchase	12-21-90	B
S	Heritage Cash Trust	Purchase	Various	C
S	SunAmerica Money Market	Purchase	Various	D
S	SunAmerica Money Market	Purchase	Various	B

BALLENGER, T. CASS

Form A. Section VIII. Position:

Positions	Name of Organization
Chairman of the Board	Plastic Packaging, Inc.
General partner	Balmark Realty
Limited partner	Associated Realty investors
Limited partner	Associated Apartment Investors
Limited partner	Hunter Publishing Limited
General partner	Georgetown Square Group
Limited partner	Southern Inns Associates LTD.
Limited partner	American Real Estate Partners
Limited partner	Cady Associates LTD.
Limited partner	Oak Plantation Associated LTD.
Limited partner	Prutech Research & Development Partnership
Limited partner	Income Investors
President	Ballenger Foundation, Non-Profit Foundation
Limited partner	Dyco Petroleum

Reporting Individual's Name
Ballenger, T. Cass

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Schedule	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	See Attached Letter	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Thomas Cass Ballenger	5/7/91

GPO: 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Doug Barnard, Jr.
(Full Name)

2227 Rayburn Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Georgia District: Ten	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

INSIDE MAIL

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Western Bankers Association 1-16-90	speech	2,000.00	
	Lender'a Service, Naples, Florida 2-20-90	speech	2,000.00	
	Nat. Fed. C.U., Washington, DC 2-13-90	speech	750.00	
	Systematics, Scottsdale, AZ 3-28-90	speech	2,000.00	
	Nat. 2nd Mtg. Assn., San Juan, PR 4-2-90	speech	2,000.00	
	Bank Capital Mkts, Scottsdale, AZ 4-24-90	speech	1,500.00	
	Am Bankers Assn, Washington, DC 5-3-90	speech	2,000.00	
	Nat. Com. Fin. Assn., Wash, DC 6-4-90	speech	1,000.00	
	Nat Council of Svgs Inst, Scottsdale AZ 6-12-90	speech	2,000.00	
	Bank Law Inst, WASH. D.C. 6-13-90	speech	1,000.00	

For additional earned income, use next page

Reporting Individual's Name

Doug Barnard, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Am Inst of CPA Wash DC 6-14-90	speech	2,000.00	
Nat. Coop Bank Wash DC 6-27-90	speech	2,000.00	
Consumer Bnkrs Assn San Francisco, CA 9-17-90	speech	2,000.00	
[illegible]	[illegible]	[illegible]000.00	
		[illegible]00.00	

Reporting Individual's Name
Doug Barnard, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Congressional FCU	X											X														
	First Union Nat Bank of GA	X											X														
S	Prudential Ins. Co	X											X														
S	First Union Nat Bank of GA	X											X														
	Georgia Bank & Trust	X											X														
	Shearson-Lehman	X											X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Doug Barnard, Jr.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X)									BLOCK C Income Type of Income (X)							Category of Amount of Income (X)									BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	see SEP statement attached					X					X		X									X					
S	see IRA statement attached		X								X			X					X								

Reporting Individual's Name
Doug Barnard, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	see statement attached - SEP											
S	see statement attached - IRA											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Doug Barnard, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Lender's Service		2-12-90	r/t fr wash dc to naples, fl. 1 day food/lodging, self	
Natnl 2nd Mrtge Assn		3-1-90	r/t fr wash dc to san juan, pr 1 day food & lodging, self	
Systematics		3-26-90	r/t fr wash dc to scottsdale az 1 day food & lodging, self	
Bank Capital Mkts		3-31-90	r/t fr wash dc to scottsdale az 1 day food & lodging, slef	
Nat Council of Svgs Inst		5-7-90	r/t fr wash dc to scottsdale az 1 day food & lodging, self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Consumer Bankers Assn 9-15-90 r/t wash dc to sf ca 1 day food & lodging, self

Reporting Individual's Name

Doug Barnard, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Nationa Science Center Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Doug Barnard Jr

DATE (Month, Day, Year) May 14, 1991

Preferred Client Statement
October 1 - December 31, 1990

D. DOUGLAS BARNARD
15 INDIAN COVE ROAD
AUGUSTA GA 30909-3746

SS # 257-22-4858
Your Financial Consultant

NORMAN SCHAFFER
THE ROBINSON-HUMPHREY CO.
808 BROAD STREET
AUGUSTA GA 30901
404-724-2601

Preferred client service center: 1-800-232-4454

Account number 417-09868-16 160
As you requested, copies of this statement have also been sent to:

NORMAN WILSON

Account value

Money funds		$ 486.80
Net value this period		$ 486.80
Net value last period	$ 477.56	

Earnings summary

	This period	This year Taxable	This year Non-taxable
Money funds earnings	$ 9.24	$ 61.74	$ 0.00
Total	$ 9.24	$ 61.74	$ 0.00

Combined cash and money funds balance

	Amounts added	Amounts subtracted	
Combined opening cash and money funds balance			$ 477.56
Money funds earnings reinvested	9.24		
Total	$ 9.24	$ 0.00	
Combined closing cash and money funds balance			$ 486.80

Money funds	486.80

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/90.

Money funds

Description	No. of shares	Market value	Average monthly yield	Comment
LIQUID CAPITAL INCOME TRUST	486.80	$ 486.80	7.307%	
Total value of money funds		$ 486.80		

Preferred Client Statement
October 1 - December 31, 1990

D. DOUGLAS BARNARD

Account number 417-09858-15 160

Earnings details

The tax status of earnings is reliable to the best of our knowledge. Taxable and non-taxable designations refer to the federal income tax status of your securities, not of your account.

Money funds earnings

Date	Description	Taxable	Non-taxable	Comment	Amount
10/31/90	LIQUID CAPITAL INCOME TRUST	$ 3.08		Reinvested	$ 3.08
11/30/90	LIQUID CAPITAL INCOME TRUST	3.16		Reinvested	3.16
12/31/90	LIQUID CAPITAL INCOME TRUST	3.00		Reinvested	3.00
Total earnings from money funds		**$ 9.24**	**$ 0.00**		**$ 9.24**

Preferred Client SEP Statement

December 1 - December 31, 1990

Page 1 of 8

**** D DOUGLAS BARNARD*
SHEARSON AS SEP CUSTODIAN
15 INDIAN COVE RD
AUGUSTA GA 30909-3746

SS # 257-22-4858
Your Financial Consultant

NORMAN SCHAFFER
THE ROBINSON-HUMPHREY CO.
606 BROAD STREET
AUGUSTA GA 30901
404-724-2801

Preferred client service center: 1-800-232-4454

Account number 417-67044-11 100
As you requested, copies of this statement have also been sent to:

ASSET ADVISORS CORP

Account value

Money funds	$ 6,350.03
Stocks	22,800.00
Bonds	80,054.25
Certificates of deposit	70,000.00
Net value this period	**$ 179,204.28**
Net value last period	**$ 176,919.11**

Earnings summary

	This period	This year
Interest	$ 1,048.07	$ 11,599.35
Dividends	62.50	519.00
Money funds earnings	55.00	1,203.93
Total	**$ 1,165.57**	**$ 13,322.28**

Additional summary information

	This period	This year
Accrued interest you paid	$ 0.00	$ 54.89

Combined cash and money funds balance

	Amounts added	Amounts subtracted	
Combined opening cash and money funds balance			**$ 5,184.46**
Interest credited	1,048.07		
Dividends credited	62.50		
Money funds earnings reinvested	55.00		
Total	**$ 1,165.57**	**$ 0.00**	
Combined closing cash and money funds balance			**$ 6,350.03**

Money funds	6,350.03

Preferred Client SEP Statement

December 1 - December 31, 1990

*** D DOUGLAS BARNARD

Account number 417-67044-11 160

IRA/SEP activity summary

Amounts added to your IRA/SEP

The IRS requires Shearson Lehman Brothers to report only the total amount contributed to your IRA during the calendar year. It is your responsibility to determine which contributions, if any, are deductible when you calculate your income tax. The designations shown below are based on information you provided to your Financial Consultant.

Employer's contributions

Description	Total
Contributions made in the prior calendar year	$ 7,000.00
Contributions made in the current calendar year	6,800.00

Employee's IRA contributions made under SEP Plan

Description	Deductible portion	Non-deductible portion	Unspecified	Total
Contributions for the current tax year	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Employee's elective deferral (salary reduction) contributions

Contributions made in the current year	$ 0.00

Amounts withdrawn from your IRA/SEP

Distributions

Amounts paid to you in the current year	$ 13,500.00

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/90.

Money funds

Description	No. of shares	Market value	Average monthly yield	Comment
AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND (FORMERLY SLH GOVERNMENT AND AGENCIES FUND)	6,350.03	$ 6,350.03	6.636%	
Total value of money funds		**$ 6,350.03**		

Preferred Client SEP Statement

December 1 - December 31, 1990

***** D DOUGLAS DARNARD**

Account number 417-87044-11 16

Stocks

Common stocks

Description	Exchange	No. of shares	Price	Yield	Anticipated income (annualized)	Market value	Comment
COCA-COLA CO	NYSE	200	$ 46.50	1.72%	$ 160.00	$ 9,300.00	Symbol: KO\Rated: A+
HARTFORD STEAM BOILER INSPECTION & INSURANCE CO	NYSE	200	48.75	3.692	360.00	9,750.00	Symbol: HSB\Rated: A-
HERSHEY FOODS CORP	NYSE	100	37.50	2.80	105.00	3,750.00	Symbol: HSY\Rated: A+
Total value of stocks					**$ 625.00**	**$ 22,800.00**	

Bonds

Some bond values provided by outside pricing services may be inaccurate. They are provided only as a guide to determining portfolio value. For more specific values, please call your Financial Consultant.

Corporate bonds

Description	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
GENERAL MOTORS ACCEPT CORP NOTES-REG-DTD 4/15/1987	$ 30,000.00	8.00%	04/15/94	97.50	$ 2,400.00	$ 29,250.00	Rated AA3/AA-
ANHEUSER BUSCH CO INC NOTES REG-DTD 7/15/1990	25,000.00	8.75	07/15/95	101.164	2,187.50	25,291.00	Rated A1/AA-
SARA LEE CORP NOTES-REG DTD 9/1/1988	25,000.00	9.70	09/01/00	102.053	2,425.00	25,513.25	Callable on 09/01/95 Call price $ 100.00 Rated A1/AA-
Total value of bonds	**$ 80,000.00**				**$ 7,012.50**	**$ 80,054.25**	

Preferred Client SEP Statement
December 1 - December 31, 1990

*** D DOUGLAS BARNARD

Account number 417-67044-11 16

Certificates of deposit

Certificates of Deposit are federally insured to $100,000 combined principal and interest.

Zero Coupon Certificates of Deposit are federally insured only to their accreted value up to $100,000. Accreted value may be higher or lower than current market value.

Description	Amount	Interest rate	Maturity date	Anticipated income (annualized)	Market value	Comment
HOMESTEAD SAVINGS - CA 4 YEAR CD	$ 25,000.00	7.90%	04/24/91	$ 1,975.00	$ 25,000.00	Accrued interest of $ 124.45 Int paid monthly Mkt value figured at face amt
MBNA AMERICA BANK,N.A.-DE 2 YEAR CD	25,000.00	8.35	10/01/92	2,087.50	25,000.00	Accrued interest of $ 531.88 Int paid semi-annually Mkt value figured at face amt
RIVER BANK AMERICA(EAST RVR)NY 5 YEAR CD	20,000.00	8.85	05/31/93	1,770.00	20,000.00	Accrued interest of $ 140.83 Int paid semi-annually Mkt value figured at face amt
Total value of certificates of deposit	**$ 70,000.00**			**$ 5,832.50**	**$ 70,000.00**	

Earnings details

The tax status of earnings is reliable to the best of our knowledge. Taxable and non-taxable designations refer to the federal income tax status of your securities, not of your account.

Interest credited

Date	Description	Taxable	Non-taxable	Comment	Amount
12/03/90	5 YEAR CERTIFICATE OF DEPOSIT RIVER BANK AMERICA(EAST RVR DUE 05/31/93 INTEREST PAID	$ 901.97			$ 901.97
12/10/90	4 YEAR CERTIFICATE OF DEPOSIT HOMESTEAD SAVINGS - CA 27 DAYS INTEREST	146.10			146.10
Total interest earned		**$ 1,048.07**	**$ 0.00**		**$ 1,048.07**

Preferred Client SEP Statement
December 1 - December 31, 1990

****** D DOUGLAS BARNARD***

Account number 417-67044-11 16

Dividends

Date	Description	Taxable	Non-taxable	Comment	Amount
12/14/90	HERSHEY FOODS CORP CASH DIV ON 100 SHS RECORD 11/26/90 PAY 12/14/90	$ 22.50			$ 22.50
12/17/90	COCA-COLA CO CASH DIV ON 200 SHS RECORD 12/01/90 PAY 12/15/90	40.00			40.00
Total dividends earned		**$ 62.50**	**$ 0.00**		**$ 62.50**

Money funds earnings

Date	Description	Taxable	Non-taxable	Comment	Amount
12/14/90	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	$ 37.00		Reinvested	$ 37.00
12/31/90	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	18.00		Reinvested	18.00
Total earnings from money funds		**$ 55.00**	**$ 0.00**		**$ 55.00**

Money funds details

All transactions are traded at $1.00 per share.

Money funds activity

Date	Activity	Description	Quantity	Amount
	Opening money funds balance			**$ 5,184.46**
12/04/90	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	901.97	901.97
12/11/90	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	146.10	146.10
12/17/90	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	22.50	22.50
12/18/90	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	40.00	40.00
		MONEY FUNDS EARNINGS REINVESTED (SEE DETAILS UNDER EARNINGS DETAILS)	55.00	55.00
	Closing money funds balance			**$ 6,350.03**

Preferred Client SEP Stat [redacted]
1990 Year End Summary

D DOUGLAS BARNARD

Account number 417-67044-11 180 Tax Id number 257-22-4858

alue of your portfolio

e of your account on 12/31/90	$ 179,204.28

ounts shown below are based on the value of your priced urities in each product category, as of 12/31/90.

ription	Amount
ey funds	$ 6,350.03
s	22,800.00
s	80,054.25
ficates of deposit	70,000.00

terest you paid 1990

ption	Amount
ued interest	$ 54.69

Earnings summary 1990

With year-end adjustments, these figures may not be the same as earnings totals reported on your December statement.

Description	Amount
Interest and Accrued int rec'd	$ 11,599.35
Dividends *	1,722.93
Total	$ 13,322.28

*Includes dividends, money funds earnings and capital gain distributions.

SHEARSON LEHMAN BROTHERS

Preferred Client SEP State
1990 Year End Summary

***** D DOUGLAS BARNARD**

Account number 417-67044-11 160 Tax Id number 257-22-4858

EP activity summary

IRS requires Shearson Lehman Brothers to report only the total amount contributed to your IRA during the calendar year. It is your onsibility to determine which contributions, if any, are deductible when you calculate your income tax. The information provided below s of 01/09/91. Any correction to the data below will appear on your next monthly/quarterly statement.

ounts ded to ur SEP

IRA contributions	
Description	Total
Contributions for tax year 1990 made in 1990	$ 0.00

Employer's contributions	
Description	Total
Contributions made in 1990	$ 6,800.00

nounts thdrawn om your P

Distributions	
Amounts paid to you in 1990	$ 13,500.00

etails of Earnings 1990

terest

Reference number	Description	Interest	Alternative minimum tax
40000100	GENERAL MOTORS ACCEPT CORP NOTES-REG-DTD 4/15/1987 DUE 04/15/1994 RATE 6.000	$ 2,400.00	
40000200	SARA LEE CORP NOTES-REG DTD 9/1/1988 DUE 09/01/2000 RATE 9.700	2,425.00	
40000300	4 YEAR CERTIFICATE OF DEPOSIT HOMESTEAD SAVINGS - CA	1,989.59	
40000400	5 YEAR CERTIFICATE OF DEPOSIT RIVER BANK AMERICA(EAST RVR)NY	1,778.76	
40000500	5 YEAR CERTIFICATE OF DEPOSIT HOME OWNERS SVGS BANK, FSB-MA	2,244.32	

LEHMAN BROTHERS

Preferred Client SE [redacted]
1990 Year End Summ

Account number 417-67044-11 160 Tax id number 257-22-4958

etails of Earnings 1990

erest
ntinued

Reference number	Description	Interest	Alternative minimum tax
40000600	3 YEAR CERTIFICATE OF DEPOSIT HOMESTEAD SAVINGS - CA	$ 761.64	
40000700	INTEREST ON CREDIT BALANCE	19.10	
Totals		$ 11,880.36	

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dends *Amounts displayed for dividends include dividend reinvestments and money fund earnings.*

ibutions

Reference number	Description	Dividends	Capital gain distributions	Alternative minimum tax
60000100	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND (FORMERLY SLH GOVERMENT AND AGENCIES FUND)	$ 160.51		
60000200	AMERICAN EXPRESS® DAILY DIVIDEND FUND (FORMERLY SLH DAILY DIVIDEND FUND)	1,043.42		
60000300	COCA-COLA CO	80.00		
60000400	HARTFORD STEAM BOILER INSPECTION & INSURANCE CO	340.00		
60000500	HERSHEY FOODS CORP	99.00		
Totals		$ 1,722.93		

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SHEARSON
LEHMAN
BROTHERS

Preferred Client SEP Sta [redacted]
1990 Year End Summary

**** D DOUGLAS BARNARD*

***Account number* 417-87044-11 169 *Tax Id number* 257-22-4058**

Details of Investment Activity 1990

This section shows your purchases and sales of securities during the year, and any accrued interest received or paid.
Commissions are included in purchases and deducted from sales. The quantity of options traded is shown in number of contracts.

Reference number	Transaction Description	Transaction	Trade Date	Quantity	Price	Amount	Amount net of accrued interest
20000100	ANHEUSER BUSCH CO INC NOTES REG-DTD 7/13/1990 DUE 07/15/1995 RATE 8.750 YIELD 8.769MTY AS OF 07/17/90 ACCRUED INT PD $ 54.89	Bought	07/17/90	25,000	$ 99.92	$ -25,034.89	$ -24,980.00
20000200	COCA-COLA CO	Bought	08/21/90	200	44.00	-8,968.21	
20000300	2 YEAR CERTIFICATE OF DEPOSIT MBNA AMERICA BANK,N.A.-DE DUE 10/01/1992 RATE 08.350000	Investment	10/01/90	25,000	100.00	-25,000.00	
20000400	5 YEAR CERTIFICATE OF DEPOSIT HOME OWNERS SVGS BANK, FSB-MA DUE 04/21/1992 RATE 08.200000	Redemption	08/21/90	-30,000	100.00	30,000.00	
20000500	3 YEAR CERTIFICATE OF DEPOSIT HOMESTEAD SAVINGS - CA DUE 04/28/1990 RATE 08.000000	Matured	04/28/90	-25,000	100.00	25,000.00	
Total securities bought and other subtractions						**$ -59,002.90**	
Total securities sold and other additions						**$ 55,000.00**	
Total accrued interest paid						**$ 54.89**	

Preferred Client IRA Statement

Page 1 of 2

October 1 - December 31, 1990

SS # 257-26-3681

Account number 417-61333-14 16

Your Financial Consultant

NORMAN SCHAFFER
THE ROBINSON-HUMPHREY CO.
608 BROAD STREET
AUGUSTA GA 30901
404-724-2601

Preferred client service center: 1-800-232-4454

****NAOMI HOLT BARNARD*
SHEARSON AS IRA CUSTODIAN
15 INDIAN COVE ROAD
AUGUSTA GA 30909-3746

Account value

Stocks		$ 9,706.83
Net value this period		$ 9,706.83
Net value last period	$ 9,889.00	

Earnings summary

	This period	This year
Cap. gains distributions	$ 679.90	$ 679.90
Total	$ 679.90	$ 679.90

Cash balance

	Amounts added	Amounts subtracted	
Opening cash balance			$ 0.00
Automatic reinvestments		-679.90	
Capital gains distributions credited	679.90		
Total	$ 679.90	$ -679.90	
Closing cash balance			$ 0.00

IRA activity summary

Amounts added to your IRA

The IRS requires Shearson Lehman Brothers to report only the total amount contributed to your IRA during the calendar year. It is your responsibility to determine which contributions, if any, are deductible when you calculate your income tax. The designations shown below are based on information you provided to your Financial Consultant.

Contributions

Description	Deductible portion	Non-deductible portion	Unspecified	Total
Contributions for the current tax year	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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Preferred Client IRA Statement
October 1 - December 31, 1990

***NAOMI HOLT BARNARD

Account number 417-61333-14 1(

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/90.

Stocks

Common stocks

Description	Exchange	No. of shares	Price	Yield	Anticipated income (annualized)	Market value	Comment
TEMPLETON VALUE FD INC	NYSE	1,327	$ 7.375	.408%	$ 39.81	$ 9,786.63	Symbol: TVF
Total value of stocks					**$ 39.81**	**$ 9,786.63**	

Transaction details

Investment activity

Automatic reinvestments

This section shows all reinvestments made by Shearson Lehman Brothers on your behalf. It includes reinvestments of dividends and capital gains, as well as purchases made through systematic investment programs.

Date	Description	Quantity	Price	Amount
12/06/90	TEMPLETON VALUE FD INC 90.8233 SHRS @ $7.48	91	$ 7.487	$ -679.99
Total automatic reinvestments				**$ -679.99**

Earnings details

The tax status of earnings is reliable to the best of our knowledge. Taxable and non-taxable designations refer to the federal income tax status of your securities, not of your account.

Capital gains distributions

Date	Description	Taxable	Non-taxable	Comment	Amount
12/06/90	TEMPLETON VALUE FD INC LONG TERM CAP GAIN RECORD 10/17/90 PAY 10/31/90	$ 679.99			$ 679.99
Total income from capital gains distributions		**$ 679.99**	**$ 0.00**		**$ 679.99**

SHEARSON
LEHMAN
BROTHERS

Preferred Client IRA S
1990 Year End Summ

***NAOMI HOLT BARNARD

Account number 417-61333-14 100   Tax Id number 257-28-3881

Value of your portfolio

lue of your account on 12/31/90	$ 9,796.63

nounts shown below are based on the value of your priced curities in each product category, as of 12/31/90.

scription	Amount
ocks	$ 9,796.63

Earnings summary 1990

With year-end adjustments, these figures may not be the same as earnings totals reported on your December statement.

Description	Amount
Dividends *	$ 719.81
Total	$ 719.81

*Includes dividends, money funds earnings and capital gain distributions.

Prefer[illegible] IRA Statement
1990 [illegible]

***NAOMI HOLT [illegible]

Account number 417-61333-14 160 **Tax Id number** 257-26-3681

IRA activity summary

The IRS requires Shearson Lehman Brothers to report only the total amount contributed to your IRA during the calendar year. It is your responsibility to determine which contributions, if any, are deductible when you calculate your income tax. The information provided below is as of 01/09/91. Any correction to the data below will appear on your next monthly/quarterly statement.

Amounts added to your IRA

Contributions

Description	Total
Contributions for tax year 1990 made in 1990	$ 0.00

Details of Earnings 1990

Dividends and distributions

Amounts displayed for dividends include dividend reinvestments and money fund earnings.

Reference number	Description	Dividends	Capital gain distributions	Alternative minimum tax
60000100	TEMPLETON VALUE FD INC A PORTION OF THESE EARNINGS WERE CREDITED TO YOUR ACCOUNT IN 1991	$ 30.82	$ 679.99	
Totals		$ 30.82	$ 679.99	

SHEARSON LEHMAN BROTHERS

Preferred Client IRA Su
1990 Year End Summary

**NAOMI HOLT BARNARD

Account number 417-61333-14 160 Tax Id number 257-26-3661

Details of Investment Activity 1990

This section shows your purchases and sales of securities during the year, and any accrued interest received or paid.
Commissions are included in purchases and deducted from sales. The quantity of options traded is shown in number of contracts.

Reference number	Transaction Description	Transaction	Trade Date	Quantity	Price	Amount
20000100	TEMPLETON VALUE FD INC 24.5868 SHRS @ $10.3500	Reinvest	01/12/90	25	$ 10.35	$ -254.47
20000200	TEMPLETON VALUE FD INC 90.8233 SHRS @ $7.48	Reinvest	12/08/90	91	7.487	-679.99
Total securities bought and other subtractions						$ -934.46

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 JUN -3 PM 2 56

HAND DELIVERED

MC ⑥
(Office Use Only)

William E. Barrett
(Full Name)

505 West 17th Street
Lexington, NE 68850
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: NE District: 03 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State Of Nebraska	State Senate Salary	$11,480.00	
	Barrett-Housel & Associates, Inc.	Salary	$15,592.50	

For additional earned income, use next page

Reporting Individual's Name
BARRETT

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples:	S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		192 Main Street, Dover, Delaware				X							X								X							
		Commerical Lot 9th & Lincoln Lexington, NE 68850			X						none																	
		Cottonwood North (50% ofpartnership) 2100 Adams Plaza Lexington,NE							X				X					Gross94261.50 Net 17653					X					
		Barrett for Congress (campaign Loan)				X					none																	

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
BARRETT

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X)									BLOCK C Income Type of Income (X)							Category of Amount of Income (X)									BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Vistar Bank, Nebraska, Accounts		X										X						X								
	Farmers State Bank Accounts Lexington, NE		x										x						x								
	Home Federal Savings, accounts Nebraska (IRA)		X										X					X									
	US Government E Bonds	X											X						X								
	Farmers State Bank, stock Lexington NE			X							X										X						
	Kansas-Nebraska Stock Gas		x								x								x								
	General Motors Preferred Stock		x								x								x								
	Electronic Data Systems, stock	X									X							X									
	GM Hughes Electronics, stock	X									X							X									
	Chin American Tech. Stock	X									X							X									
	Barrett-Housel Assoc, inc. Lexington NE stock				X												Sub S		x	46.7% partnership Gross $29,469							

Reporting Individual's Name BARRETT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 1C2 Main St. Dover, Del.				X			
	Occidental Savings and Loan Omaha, NE	Mortgage on Cottonwood Apts					X		
	Farmers State, Lexington NE	co-sign for campaign loan			X				

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
BARRETT

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE X

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

BARRETT

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Hastings College Hastings, NE (uncompensated)
Director	State Legislative Leaders Foundation 250 Boylston STreet Boston, MA 02116
Executive Director	National Conference of State Legislatures 444 North Capitol NW #500 Washington DC 20001
Director	Farmers State Bank Lexington NE (resigned December 1990)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒ XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William E. Barrett	6/3/91

GPO 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 1:05
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Joe Linus Barton
(Full Name)

1225 Longworth House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Texas District: 6 ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
Burlington Northern Railroad (2-12-90) (no travel reimbursements)		speech	1,000.00	
Portland Cement Assoc. (2-8-90) (no travel reimbursements)		speech	2,000.00	
Nat'l Cable T.V. Assoc. (1-13-90)		speech	1,500.00	
Chicago Board Options Exchange (2-2-90)		speech	1,000.00	
ENRON (3-1-90)		speech	1,000.00	
Natural Gas Supply Assoc. (3-14-90) (no travel reimbursements)		speech	2,000.00	
American Healthcare Radiology Admin. (3-2-90)		speech	1,500.00	
Solar Energy Industries Assoc. (3-20-90)		speech	1,000.00	
Nat'l Assoc. of Broadcasters (3-31-90)		speech	2,000.00	
ARCO (3-30-90) (no travel reimbursements)		speech	2,000.00	

For additional earned income, use next page

Reporting Individual's Name
Joe Linus Barton

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
American Nuclear Energy Council (4-19-90) (no travel reimbursements)	speech	300.00	
Republican Leadership Program (5-11-90)	speech	1,000.00	
FLUOR Daniel, Inc. (5-18-90) (no travel reimbursements)	speech	1,000.00	
National Restaurant Assoc. (5-19-90)	speech	1,000.00	
Nat.'l Cable T.V. Assoc. (5-20-90)	Speech	1,500.00	
Int.'l Electronic Manuf. & Consumers of America (5-24-90) (no travel reimbursements)	speech	1,000.00	
Houston Lighting & Power (8-18-90) (no travel reimbursements)	speech	1,500.00	
Coalition Against Progressive Taxation (9-11-90) (no travel reimbursements)	speech	2,000.00	
Texas Utilities (11-9-90) (no travel reimbursements)	speech	1,000.00	
U.S. Energy Assoc. (11-27-90)	speech	2,000.00	X ($450. to charity)
Amusement & Music Operators Assoc. (9-15-90)	pinball tournament winner	200.00	X
American Petroleum Institute (11-15-90)	survey participant	100.00	X

Reporting Individual's Name
Joe Linus Barton

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Ennis Business Forms, Ennis, TX.			X							X									X							
JT			Atlantic Richfield Company			X							X								X								
JT			Texas Utilities		X								X								X								
JT			First Nat'l Bank of Ennis, Tx.			X									X							X							
JT			Walmart		X								X							X									

For additional assets and unearned income, use next page

document name: 1990findis

Continuation of Part VII - "Reimbursements"

SOURCE	DATES	BRIEF DESCRIPTION
*Chicago Board Options Exchange	Feb.1-2, '90	Roundtrip Air Travel from Wash, DC to Chicago to Dallas; 1 day food and lodging
*Nat'l Assoc. of Broadcasters	April 1, '90	Roundtrip Air Travel from DFW to Atlanta
*Solar Energy Industries Council in Austin, TX.	Mar.19-20, '90	One-way Air Travel from Austin to Wash, DC; 1 day food and lodging
*American Healthcare Radiology Administrators	Mar.2-3, '90	One-way Air Travel from Houston to Dallas; 1 day food and lodging
*ENRON	Mar.1-2, '90	One-way Air Travel from Wash, DC to Houston; 1 day food and lodging
*Nat'l Cable TV Assoc.	May 20-21, '90	One-way Air Travel from Atlanta to Dallas; 1 day food and lodging
*Nat'l Restaurant Assoc.	May 19-20, '90	Air Travel from Dallas to Chicago to Atlanta; 1 day food and lodging
*Congressional Institute not an honorarium	Feb. 22-23, '90	One-way train transp. from Wash, DC to Princeton, NJ; 1 day food and lodging

Reporting Individual's Name
Joe Linus Barton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Joe Linus Barton

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U.S. Energy Association		Nov. 27, '90	Roundtrip Air Travel from Dallas to Wash., DC to Dallas	
Nat'l Cable T.V. Assoc.		Jan. 12-14, '90	Roundtrip Air Travel from Dallas to L.A.; 2 days food & lodging (self and spouse)	
Fareigh Dickinson University		Apr. 6-12, '90	Roundtrip Air Travel from Wash., DC to London to DFW; 3 days food & lodging;	
TAMU Assoc. of Former Students		Apr. 21-22, '90	Roundtrip Air Travel from Dallas to San Antonio; 1 day food & lodging	
Denver Republican Leadership Program		May 11, '90	Roundtrip Air Travel from Dallas to Denver	

(see continuation sheet)

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Joe Linus Barton

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joe Barton	**DATE (Month, Day, Year)** 5-15-91

GPO 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY -9 PM 2:03
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HERBERT HARVELL BATEMAN
(Full Name)

1030 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Virginia District: First	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

HC (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Kaiser Trusts (3/10/90)	Trustees commission	$9,082.38	
	Siemens Corp. (2/27/90) Wash., D.C.	Participation in Wash, D.C. meeting with foreign trade delegation	1,500.00	Contributed to charity - 1990
	Brookings Institution Seminar, Williamsburg, Va. (4/22/90)	Speech	500.00	Contributed to charity - 1990
	Financial Executives Institute Seminar, Arl. Va (9/5/90)	Speech	320.00	Contributed to charity - 1990

For additional earned income, use next page

Reporting Individual's Name
Herbert H. Bateman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
Jt	Tom & Marian Lewis - Mortgage note			X									X							X							
Jt	.70 acre commercial lot, Hampton, Va.						X					X									X						
Jt	. Parking space, Horizon House, Arl Va.		X									X							X								
	Legg-Mason Value Trust		X								X			X			Mutual Fund		X								
	Templeton World Fund (Retirement Accounts)				X						X			X			Mutual Fund					X					
S	Templeton World Fund (Retirement Accounts)			X							X			X			Mutual Fund			X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Herbert H. Bateman

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Newport News Saving Bank (Corp stock)	x									x							x									
	Jefferson Bank Shares (Corp stock)	x									x							x									
	Smithfield Foods (Corp. stock)		x								x							x									
S	Interest in Estate of deceased parent				x									x								x					

Financial Disclosure A-2(a)

Reporting Individual's Name
Herbert H. Bateman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Legg-Mason Value Trust--Mutual Fund	x			5/25/90 7/27/90	x						
					10/26/90							
	Templeton World Fund--Mutual Fund Retirement Accounts	x			4/15/90 10/14/90	x						
					12/20/90							
S	Templeton World Fund — Mutual Fund Retirement Accounts	x			10/14/90 12/20/90	x						
	1985 Buick		x		7/11/90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
Jt	Dominion Bank	Equity Line Account		x					

Reporting Individual's Name
Herbert H. Bateman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
*Martin Marietta Corp.	2/10-2/12/90	Airfare D.C. to Orlando, Fla., hotel, meals—briefing and tour of plant; self and spouse	
*Pratt-Whitney Corp.	2/14-2/16/90	Airfare Palm Beach, Fla to Newport News, Va., hotel, meals rental car Orlando to W. Palm Beach, Fla., self and spouse	
Danny Thompson Mem'l Golf Tournament	8/22-8/26/90	Commercial airfare D.C. to Sun Valley, Idaho; private plane Sun Valley to D.C.; hotel, meals, green fees self and spouse	
Congressional Charity Tennis Tournament	3/2-3/4/90	Round trip by bus to White Sulphur Springs, W.Va, hotel, meals, Tournament fees self and spouse	
Congressional Charity Tennis Tournament	11/9-11/11/90	Round trip by bus to White Sulphur Springs, W.Va. hotel, meals Tournament fees self and spouse	

Financial Exec. Inst. Seminar 9/5/90 $80 reimbursement for travel expenses deducted from honorarium

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

*2/13/-2/14/90—Official business Kennedy Space Flight Center—en route Orlando to W. Palm Beach.

Reporting Individual's Name
Herbert H. Bateman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Co-Trustee	Trusts under agreements of Ione T. Kaiser (Trust terminated 1990)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 7, 1991

GPO: 1991 27-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
1991 MAY -9 PM 4:34
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Anthony C. Beilenson
(Full Name)

1025 Longworth House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: California District: 23rd ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

mc (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Legislators' Retirement System (California)	Pension	$10,308	
	Honoraria	Honoraria	NONE	

For additional earned income, use next page

Financial Disclosure A-1

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Reporting Individual's Name
Anthony C. Beilenson, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT		BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		U.S. Treasury bills				X								X									X					
		Chevy Chase Savings & Loan			X									X							X							
		Standard Federal Savings & Loan					X							X									X					
		Peter Pauper Press (family business)			X									X							X							
		Cash Equivalent Fund			X									X								X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Anthony C. Beilenson, M.C.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Maryland Federal Savings & Loan				x								x								x						
	Middletown, Ohio (municipal bond)		x															x									Redeemed 8/90
	Sacramento Country (municipal bond)			x														x									Redeemed 6/90
	Wickliffe, Ky. (municipal bond)		x										x						x								
	Lorillard, Inc. (corporate bond)		x										x						x								
	Yellow Aster Venture (limited partnership)			x									x							x							
	National Gypsum (bond)		x										x							x							
	State of Israel (bond)		x										x						x								
	Common stocks:																										
	Atlas Consolidated Mining		x								x							x									
	Coeur d'Alene Mines			x							x							x									
	Hamilton Oil			x							x							x									
	Mylan Labs			x							x								x								
	Newmont Mining Corp.			x							x								x								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Anthony C. Beilenson, M.C.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Occidental Petroleum Corp.			x							x									x							x
	Phillips Petroleum			x							x									x							
	Quaker Oats			x							x								x								
	Triton Energy Corp.		x								x							x									

ANTHONY C. BEILENSON
23D DISTRICT, CALIFORNIA

COMMITTEE ON RULES
CHAIRMAN
SUBCOMMITTEE ON RULES OF THE HOUSE

COMMITTEE ON THE BUDGET
CHAIRMAN
TASK FORCE ON THE BUDGET PROCESS

Congreſs of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
1025 LONGWORTH BUILDING 20515
(202) 225-5911

LOS ANGELES OFFICE:
11000 WILSHIRE BOULEVARD 90024
(213) 312-1627

VALLEY OFFICE:
18401 BURBANK BOULEVARD
TARZANA, CA 91356
(818) 345-1560

HAND DELIVERED

①

May 17, 1991

MAY 17 PM 3:49
U.S. HOUSE OF REPRESENTATIVES

✓
MC

Mr. Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Building

Dear Mr. Anderson:

This will amend my calendar year 1990 Financial Disclosure Statement.

The Quaker Oats stock which I listed in Parts II and III was purchased in January, 1990.

Thank you for making this change.

Sincerely,

ANTHONY C. BEILENSON
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Occidental Petroleum Corp.	x			2-9-90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Anthony Beilenson	May 9, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 APR 16 AM 9:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

Charles Edward Bennett
(Full Name)

2107 Rayburn Building
Washington, D.C.,20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Florida District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC ⑥
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒ None

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Charles Edward Tennett

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Dennis and Cassie N_il																												
	$26000 note					X									X								X						
	James F.Bennett loan			X											X					X									paid of f previous year
	Little River Hydroponics														X					X									
	Incorporated loan			X											X					X									
	N.Y. Life			X											X					X									nothing being collecte

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Charles Edward Bennett

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	~~Central Fidelity Bank deposits~~			X									X								X						
	Wright Patman Credit Union			X									X								X						
	Gillette					X					X										X						
	Allied Signal	X									X							X									
	EG & G	X									X							X									
	Eastman Kodak	X									X							X									
	General Mills	X									X							X									
	Henly	X									X							X									
	IBM	X									X							X									
	Kimberly Clark	X									X							X									
	USX	X									X							X									
	MCI	X									X							X									
	Municipal Inv. Trust	X									X										X						

Reporting Individual's Name
Charles Edward Bennett

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	The transaction noted underJames EBennett heretofore at pg.A2 is a debt forgiven in a former year. The other transaction noted that page relates to his corporation debt which is not currently being enforced and may never be.											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐ None

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Charles Edward B nnett

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE None

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE None

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Charles Edward Bennett

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE None

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE None

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Charles Edward Bennett	April 15, 1991

GPO 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 31 PM 3:40
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED ⑦
MC
(Office Use Only)

Helen Delich Bentley
(Full Name)

408 Chapelwood Lane
Lutherville, Maryland 21093
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Md. District: 2nd	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	District 2 MEBA-AMO Vac. Plan, Brooklyn, NY 11232 (1-22-90)	Speech	$2,000.00	
	T. Rowe Price, Balto., Md. 21202 (2-15-90)	Speech	2,000.00	
	Canadian Serbian Council, Toronto, ONT M5A 1K2 (3-16-90)	Speech	1,625.00	
	St. Sava Orthodox Cathedral, Milwaukee, WI 53219 (3-26-90)	Speech	500.00	
	Master Contracting Stevedore Assoc., San Fran.CA (3-30-90)	Speech	2,000.00	
	Tobacco Institute, Wash., D. C. 20006 (5-03-90)	Speech	2,000.00	
	Variety Club of Md., Balto., Md. 21218 (5-14-90)	Speech	1,000.00 (Portrait of Spouse	
	Can Manufacturers Institute, Wash., D. C. 20036 (6-12-90)	Speech	2,000.00	
	Serbian National Shield, Willowdale, ONT. (7-25-90)	Speech	1,000.00	
	Rockwell International, Arlington, VA 22202 (8-17-90)	Speech	1,000.00	

For additional earned income, use next page

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Reporting Individual's Name
Helen Delich Bentley

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
(8-30-90) Northrop Corporation, Los Angeles, CA 90067-2199	Speech	2,000.00	
(9-11-90) Mediterranean Affairs, Inc., Wash., D. C. 20045	Article	1,000.00	
St. Louis, MO 63104 (12-02-90) Holy Trinity Serbian Eastern Orthodox Church	Speech	2,000.00	
(12-11-90) DSI Industrial Consolidated, Inc., NY, NY 10014	Speech	2,000.00	

Reporting Individual's Name

Helen Delich Bentley

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Exam-ples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Baltimore Life Insurance	X																									
	American Federal Savings Bank		X																								
	Maryland National Bank			X																							
	Mercantile Safe Deposit & Trust			X																							
	Bristol-Myers Company	X																									
	GTE Corporation	X																									

For additional assets and unearned income, use next page

Reporting Individual's Name

Helen Delich Bentley

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Duro Test		X			X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	N/A								

HAND DELIVERED

HELEN DELICH BENTLEY
2D DISTRICT, MARYLAND

COMMITTEE ON
PUBLIC WORKS AND
TRANSPORTATION
SUBCOMMITTEES:
WATER RESOURCES
ECONOMIC DEVELOPMENT

COMMITTEE ON
MERCHANT MARINE
AND FISHERIES
SUBCOMMITTEES:
MERCHANT MARINE
PANAMA CANAL/OUTER
CONTINENTAL SHELF
OVERSIGHT AND INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

1610 LONGWORTH BUILDING
WASHINGTON, DC 20515
202-225-3061

DISTRICT OFFICE:
200 EAST JOPPA ROAD
TOWSON, MD 21204
301-337-7222

July 2, 1991

✓
MC
①

JUL -2 [illegible] 47

Mr. Donald K. Andderson
Chief Clerk, House of
Representatives
1036 Longworth House Office
Building
Washington, D.C. 20515

Dear Mr. Andderson:

In the preparation of my financial disclosure statement for the year 1990, I forgot to include the charitable contributions from my honoraria which totalled $8,000.

I would appreciate your attaching this note to my financial disclosure statement.

Thank you for your attention to this matter.

With regards, I am

Sincerely,

Helen Delich Bentley
Helen Delich Bentley
Member of Congress

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Helen Delich Bentley

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Dist. 2MEBA-AMO Vac. Plan	1-16-90 1-17-90	Roundtrip air travel fr. Baltc. to Fla. food & lodging	
Canadian Serbian Council	3-11-90	Air travel from New Jersey to Balto.	
Master Contracting Stevedore Assoc. of Pacific Coast, Inc.	3-2-90 3-4-90	Roundtrip air travel fr. Balto. to LA food & lodging	
Wilderness Impact Research Foundation	3-23-90 3-25-90	Roundtrip from Balto. to Nev. food & lodging	
Florida Federation of Republican Women	4-20-90	Roundtrip air travel fr. Balto. to Fla.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT (continued)

Source	Dates	Brief Description
Movement of Serbian Chetniks	5-20-90	Roundtrip air fare fr. Balto. to Indiana
Republican State Party Conv.	5-19-90	Roundtrip air fare fr. Balto. to Del. (helicopter)
Serbian National Shield Society	7-1-90	Roundtrip air fare fr. Balto. to Canada
Serbian National Federation	7-13-90	Roundtrip air fare fr. Balto. to Pittsburgh
St. Vasilije of Ostrog Serbian Orthodox Church	7-15-90	Roundtrip air fare fr. Balto. to Minn.
Northrop Corp., Calif. & Rockwell International Corp.	7-19-90 7-22-90	Air fare (D. C. to LA to Balto.) food and lodging
Mediterranean Affairs, Inc.	11-07-90 11-10-90	Roundtrip air fare from D. C. to Greece, food & lodging
Hanns Seidel Foundation	11-18-90 11-23-90	Roundtrip air fare from Balto. to Germany - food and lodging
Holy Trinity Serbian Eastern Orthodox Church	12-2-90	Roundtrip air fare from Balto. to St. Louis, Mo.

Reporting Individual's Name
Helen Delich Bentley

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Villa Julie College, Church Home Hospital, Oceanic Education Foundation
Director	Sea Lites Corp., Interseas Fast Craft Inc.
President	HDB International Inc., Intl Resources & Development Corp.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 6.) Yes ☐ No ☒ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Helen Delich Bentley	May 31, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 2 31
[illegible]
HAND DELIVERED

DOUGLAS KENT BEREUTER
(Full Name)

2348 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives — State: Nebraska — District: 1st ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Arlington County - Virginia School Board	spouse salary	income	
	Grocery Manufacturers of America	speech	$2000	x

For additional earned income, use next page

Reporting Individual's Name
DOUGLAS KENT BEREUTER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Savings Account, Calvert Group, Riggs National Bank, Washington, D.C.			X									X							X							
DC	Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Eric)			X									X							X							
DC	Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Kirk)		X										X						X								
[illegible]	IRA Acct., Calvert Group, Riggs National Bank, Washington, D.C.		X										X							X							
S	IRA Acct., Calvert Group, Riggs National Bank, Washington, D.C.		X										X						X								
S	Retirement Acct., Teachers Retirement Fund, Arlington, VA		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

DOUGLAS KENT BERETUTER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
SELF	Shareholder in family corporation owning 38 acres of land and residence in unincorporated portion of Summit County, Colorado, a parcel with storage building in Utica, Nebraska, and farmland and pastureland in Reno County, Kansas. No Earned Income					X																					

Reporting Individual's Name
DOUGLAS KENT BEREUTER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
DOUGLAS KENT BEREUTER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute - U.S./Soviet Relations Conference - Jamaica	Jan. 11-15	Roundtrip air travel from-Baltimore/Wash. to Jamaica, 4 days lodging and food, self and son	
Nebraska Bankers Conference San Diego, CA	March 2-3	Air travel from Omaha, NE to San Diego, CA and return to Washington, D.C. 1 day lodging and food , self	
European Institute - European Econ. Space Seminar - Queenstown, MD	March 16-18	2 days lodging and food, self	
Aspen Institute - U.S./Soviet Relations Conference - Prague	Aug. 25-31	Roundtrip air travel from Washington to Prague, 5 days lodging and food, self	
U.S. Japan Exchange Society - Tokyo, Japan	Nov. 13-18	Roundtrip air travel from Washington to Tokyo, 4 days lodging and food, self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DOUGLAS KENT BEREUTER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature. **NONE** ☐

Positions	Name of Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, Nebraska
Member, Executive Comm.	Alumni Council, J.F.Kennedy School of Government, Harvard University, Cambridge, MA
Board of Directors	Bread for the World , Washington, D.C.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
✓ Douglas Bereuter	✓ May 15, 1991

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 [illegible] 9 21
U.S. [illegible]

HAND DELIVERED

CONGRESSMAN HOWARD LAWRENCE BERMAN
(Full Name)

137 Cannon Building
(Mailing Address)
Washington, D.C.

Filer Status	☒ XX Member of the U.S. House of Representatives State: CA District: 26th	☐ Officer or Employee	Employing Office:
Report Type	☒ XX Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	L.A. Times	Article	$ 250	XXX
	Fireman Fund Insurance Co.	Speech	$ 500	
	American International Group	Speech	$2,000	
	Brookings Institute	Speeches	$ 900	
	National Association of Broadcasters	Speech	$2,000	
	U.S. Chamber of Commerce	Speech	$ 500	
	Wine Institute	Speech	$1,000	
	National Restaurant Association	Speech	$1,000	
	National Cable Television Association	Speech	$1,500	
	American Hospital Association	Speech	$1,000	

For additional earned income, use next page

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Pacific Telesis	Speech	$1,500	
Coalition for Employment thru Export, Inc.	Speech	$1,000	

Reporting Individual's Name
HOWARD LAWRENCF BERMAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE XXX

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒ XXX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Congressional Federal Credit Union	Loan	XX						

Reporting Individual's Name
TOM BEVILL ALA/Fourth

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
#20 - Interstate Natural Gas Assoc. of America Breakfast Mtg on 10/16 in Wash D.C. (10/16/90)	Honorarium	2,000.00	X
#21 - Coalition of EPSCoR States Luncheon on 12/4/90 in Washington, D.C. Speaker... paid by University of Kentucky (12/21/90)	Honorarium	2,000.00	X

Reporting Individual's Name
HOWARD LAWRFNCE BERMAN

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American International Group		Feb. 12	Roundtrip airfare from Wash.,D.C. to L.A. to WDC	
Brookings Institute		March 5	Roundtrip airfare from Wash., D.C. to Williamsburg, VA to Wash., D.C.	
Nat'l Assoc. of Broadcasters		April 1-2	Roundtrip airfare Wash., D.C. to Atlanta, GA to Wash., D.C.; 1 day lodging & food	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342) --SEE ATTACHED for additions

REPORTING INDIVIDUAL'S NAME
HOWARD LAWRENCE BERMAN

CORPORATIONS	DATES	BRIEF DESCRIPTION
Nat'l Restaurant Assoc.	May 19-20	Airfare Wash., D.C. to Chicago, IL to Atlanta, GA; 1 day lodging & food
Nat'l Cable TV Assoc.	May 20	Airfare Atlanta, GA to Wash., D.C.
U.S. Catholic Conf.	June 15	Airfare Wash., D.C. to L.A., CA
American Israel Public Affairs Committee	Nov. 10-11	Airfare Wash., D.C. to Anchorage, Alaska to L.A., CA; 1 day lodging & food
Pacific Telesis	Nov. 13	Roundtrip airfare Los Angeles, CA to San Francisco to Los Angeles, CA
Stanford University	Nov. 19-20	Airfare L.A., CA to San Francisco to Wash., D.C.; 1 day lodging, food & rental car

Reporting Individual's Name
HOWARD LAWRENCF BERMAN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) 5/15/91

GPO: 1991 37-588

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 2:12
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

TOM BEVILL
(Full Name)

2302 Rayburn House Office Building OR 3827 North Military Road
(Mailing Address)
Washington, D. C. 20515 Arlington, D. C. 22207

Filer Status	☒ Member of the U.S. House of Representatives — State: Alabama — District: Fourth	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 13

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
# 1 -	Department of the Army	Pension	8,520.00	
# 2 -	General Atomics Meeting & Breakfast Speech on 1/11 & 12/90 San Diego, CA (2/6/90)	Honorarium	2,000.00	
# 3 -	San Diego Gas & Electric Meeting/Speech on 1/11/90 San Diego, CA (2/6/90)	Honorarium	1,000.00	
# 4 -	Management Analysis Company Meeting/Speech on 1/11/90 - San Diego, CA (2/6/90)	Honorarium	1,500.00	
# 5 -	Dredging Industry Breakfast/Speech in Washington, D.C. on 1/31/90 paid by:			
	--T.James & Co. Billy James (2/6/90)	Honorarium	500.00	
	--American Dredging Company (2/6/90)	Honorarium	500.00	
	-- C. F. Bean & Company (2/6/90)	Honorarium	500.00	
	--Great Lakes Dredge & Dock Co. (2/6/90)	Honorarium	500.00	
# 6 -	Coachella Valley Water District Luncheon Speech on 2/12/90 - Palm Springs, CA (3/19/90)	Honorarium	2,000.00	
# 7 -	Central Arizona Water Project Tour /Speech Tucson, AR on 2/13/90 (3/19/90	Honorarium	2,000.00	
	SEE CONTINUATION SHEET A-1a			

For additional earned income, use next page

Reporting Individual's Name
TOM BEVILL _ AL/04

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
# 8 - Colorado River Board Dinner Speech in Los Angeles, CA on 2/12/90 paid by:			
-- CH2M Hill, Inc (3/19/90)	Honorarium	500.00	
-- Industrial League of Orange Co. (3/19/90)	Honorarium	500.00	
-- Boyle Engineering Corp (3/19/90)	Honorarium	500.00	
-- Bookman-Edmonston Engineering (3/19/90)	Honorarium	500.00	
# 9 - SONAT, Inc. Luncheon Speech on 3/9/90 in Birmingham, AL (3/19/90)	Honorarium	2,000.00	X
#10 - Port of Miami (check from A.J.Corbett &Sons) for March of 1989 Speech in Miami (3/19/90)	Honorarium	2,000.00	
Transportation Reimbursement reported on 1989 Financial Disclosure			
#11 - International Industrial Symposium on the Super Collider Program Speaker in Miami Florida on 3/16/90 (5/22/90)	Honorarium	2,000.00	
#12 - American Consulting Engineers Speaker in Washington, D. C.on3/26/90 (5/22/90)	Honorarium	500.00	X (300)
#13 - National Ocean Industries Assoc Breakfast Speech in Washington, D.C. on 4/2/90 (4/18/90)	Honorarium	1,000.00	
#14 - Jacobs Engineering Dinner & Breakfast Meeting on 4/9/90 in Albuquerque, NM (4/18/90)	Honorarium	2,000.00	X
#15 - Shaw Pittman, Potts & Trowbridge Breakfast meeting in Washington,DC on 4/18/90 (7/10/90)	Honorarium	1,000.00	
#16 - Industrial League of Orange Co Speech on 7/5/90 to Santa Ana Flood Control Education Committee in Irvine, California (7/10/90)	Honorarium	2,000.00	
#17 - Home Builders Association of Nevada Flood Control District Recp/Speech in Las Vegas, Nevada on 7/5/90 honorarium paid by:			
-- Southern Nevada Home Builders (7/10/90)	Honorarium	1,900.00	
-- R.,A. Homes, Inc. (7/10/90)	Honorarium	100.00	
#18 - Nevada Resort Assoc Breakfast Speech on 7/6/90 in Las Vegas (7/10/90)	Honorarium	2,000.00	
#19 - Central Utah Project Breakfast/Speech on 7/7/90 in Salt Lake City paid by:			
-- Marcus Frost, Washington,D.C. (7/19/90)	Honorarium	1,000.00	
-- Hill & Knowlton Washington,D.C. (7/19/90)	Honorarium	1,000.00	
SEE CONTINUATION SHEET			

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTKIN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

February 8, 1990

The Honorable Tony P. Hall
U.S. States House of Representatives
2448 Rayburn House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of January 25, 1990, requesting an advisory opinion from the Committee with respect to a trip your wife is planning to take with several other congressional wives to Uganda from February 10-18, 1990, at the request of Mrs. Janet Museveni, the wife of Ugandan President Yoweri Museveni. The invitation, a copy of which you enclosed with your letter, indicates that the purpose of this visit is for the group to see firsthand the orphan problems of that country and then to assist the Fellowship Foundation and World Vision in trying to ease conditions for these children by their testimony in this country. The invitation further indicates that all expenses for this trip would be jointly paid by the Fellowship Foundation and World Vision, both nonprofit organizations.

It is the responsibility of a traveling Member, employee, or spouse to determine whether the sponsor of a trip of this kind is a foreign government or agent thereof, or acting on behalf of a foreign government. The invitation indicates that the sponsors of this trip, Fellowship Foundation and World Vision, are nonprofit organizations. Therefore, for purposes of this advisory opinion letter, your wife's travel expenses are deemed not to be subject to the Foreign Gifts and Decorations Act (5 U.S.C. §7342).

The applicable House rule is Rule XLIII, clause 4, which, effective January 1, 1990, provides that a Member, officer, or employee of the House shall not accept in any calendar year gifts aggregating more than "minimal value," directly or indirectly, from any source other than a relative. In Advisory Opinion No. 9, the Select Committee on Ethics of the 95th Congress determined that gifts to a spouse or dependent of a Member are considered indirect gifts to the Member, unless such gift is prompted by some consideration unrelated to the recipient's relationship to the Member.

This Committee has recognized an exception to the gift rule for individuals who "substantially participate" in an event. The Select Committee on Ethics of the 95th Congress, in Advisory Opinion No. 2, stated that:

> . . . necessary expenses should not be considered to be a "gift" to a participating individual who renders personal services sufficient to constitute "equal consideration" for the expenses provided by the sponsoring organization.

The opinion goes on to point out that:

> . . . the services rendered must be more than perfunctory in nature to constitute equal consideration for the expenses involved. For example, addressing an audience at an event or engaging in discussion seminars would be considered substantial participation sufficient to constitute "equal consideration," while simply visiting a specific site or location as part of a "fact-finding tour" would probably not be viewed as "equal consideration" for expenses paid by a sponsoring organization.

Thus, if you determine that this trip is being offered to your wife totally independent of her relationship with you, or if your wife is performing services for the sponsors of the trip which constitute equal consideration for the travel provided, then acceptance of necessary expenses would not be deemed a gift for the purposes of House Rule XLIII, clause 4.

Section 805(a)(1) of the Ethics Reform Act of 1989 sets a ceiling on the expenses which will normally be deemed necessary for privately paid travel. In the case of foreign travel, a maximum of seven consecutive days (excluding travel days) may be accepted without prior written approval from the Committee. Your wife's proposed travel appears consistent with this limit.

Any such expenses incurred by your wife for travel which is not totally independent of her relationship with you, and which aggregate $250 or more in value from a single source, must be disclosed as "reimbursements" on the Financial Disclosure

Statement you file pursuant to the Ethics in Government Act of 1978. The Ethics Reform Act requires reporting not only the identity of the source of the travel but also a brief description, including a travel itinerary, dates, and nature of expenses provided.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

John T Myers

John T. Myers
Ranking Minority Member

JS:irs

Reporting Individual's Name
TOM BEVILL AL/04

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		WRIGHT PATMAN CREDIT UNION - Washington, D.C.	X											X						X								
		RIGGS NATIONAL BANK - Washington, D.C.		X										X					X									
		U.S. TREASURY - U.S. SAVINGS BONDS -- SERIES EE		X										X						X								
		MERRILL LYNCH IRA acct 1982-90 - Tom Bevill			X									X							X							
		MERRILL LYNCH IRA ACCT 1982-90 - Lou Bevill		X										X							X							
JT		VACANT LOT (next to home in Jasper,Al less than one acre			X													none										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
TOM BEVILL AL/04

S, DC, JT	BLOCK A Asset and/or Income Source — Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Spouse- Lou Betts Bevill inherited 1/4 interest in a plot of land 10 acres in McCalla, AL (total represents value of land not her 1/4 interest			X													none										
	MERRILL LYNCH CBA ACCT - Tom Bevill and Susan Bevill			X							X							X									
	*** CLOSED ABOVE ACCT												X						X								X
	MERRILL LYNCH CBA ACCT - Tom Bevill and Don Bevill			X							X							X									
	***CLOSED ABOVE ACCOUNT												X						X								X
	MERRILL LYNCH CBA ACCT - Tom Bevill & Patty Bevill Warren			X							X							X									
	*** CLOSED ABOVE ACCOUNT												X						X								X

Reporting Individual's Name
TOM BEVILL AL/04

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	MERRILL LYNCH CAPITAL BUILDER ACCOUNT - Tom Bevill and Susan Bevill	CLOSED ACCOUNT			06/18/90		X					
	MERRILL LYNCH CAPITAL BUILDER ACCOUNT - Tom Bevill and Don Bevill	CLOSED ACCOUNT			06/18/90		X					
	MERRILL LYNCH CAPITAL BUILDER ACCOUNT - Tom Bevill and Patty Bevill Warren	CLOSED ACCOUNT			06/18/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE none

S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

TOM BEVILL AL/04

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Mr. & Mrs. Ben Stimpson -- Mobile, Alabama		5/25-28 1990	Use of two bedroom condo at Gulf Shores, Alabama during Memorial Day Weekend	x
SPOUSE - International Foundation Washington,D.C.		2/10-18 1990	Roundtrip Airfare Wash,D.C. to Entebb, Uganda; 3 days food & lodging for Lou Bevill (see attached letter of 2/8/90 & disclosure 5USC7342(c)(1)	
Foreign Policy Institute - Turkey		8/3-12 1990	Roundtrip airfare, lodging and meals to attend 1990 Conference for Tom and Lou Bevill	
National Home Builders Inst. Washington, D. C.		1/19-20 1990	Airfare from Birmingham, Al to Atlanta, GA to speak at Conference lodging & meals while in Atlanta and airfare to Washington , D. C. for Tom and Lou Bevill	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII-"REIMBURSEMENTS" and GIFTS OF TRANSPORTATION, LODGING, FOOD AND ENTERTAINMENT

CONTINUED FROM PAGE A-4

General Atomics San Diego California	1/10-12/90	Roundtrip airfare from Washington D.C. to San Diego, California to speak to groups...See PART I #2,#3,#4.
2/11-14/90 Trip to Palm Springs, Los Angeles, and Tucson		
Coachella Valley Water District Palm Springs, CA	2/11-12/90	Airfare from Washington, D. C. on 2/11 to Palm Springs California and hotel & meals for 2/11 to speak to group on 2/12/90 ....See Part I #6,#7,#8.
Colorado River Board Los Angeles, CA	2/12-13/90	Ground transportation from Palm Springs to Los Angeles on 2/12/90 Provided Hotel and meal accomodations in Los Angeles, CA on 2/12/90 .....SEE Part I #6,#7,#8
Central Arizona Water Project Tucson, AR	2/13-14/90	Provided airfare from Los Angeles to Tucson on 2/13/90 Hotel and meals for 2/13/90 and airfare from Tucson to Birmingham, Alabama on 2/14/90 See Part I #6,#7,#8.
SONAT, Inc. Birmingham, Alabama	3/9/90	Provided round trip airfare from Washington, D.C. to Birmingham, AL SEE PART I #9.
International Industrial Sysmposium on the Super Collider	3/15-16/90	-Provided roundtrip airfare from Washington,D.C. to Miami on 3/15/90 hotel and meals 3/15-16/90 and return to Washington,D.C. on 3/16/90 SEE PART I #11
Jacobs Engineering Albuquerque, N.M.	4/8-9/90	Provided round trip airfare from Birmingham, Alabama to Albuquerque, N.M on 4/8/90 hotel and meals 4/8-9/90 and return on 4/9/90 SEE PART I #14.
7/5-7/7, 1990 Trip to Irvine, CA, Las Vegas.NV and Salt Lake City, UT		
Industrial League of Orange Co. - Irvine, CA	7/4-5/90 -	Provided Airfare from Birmingham, Al to Orange,Co.,CA on 7/4 and hotel for 7/4/90 SEE PART I #16
Southern Nevada Home Builders Assoc. Las Vegas, NV and Nevada Resort Assoc, Las Vegas	7/5-6/90	Provided airfare from Orange Co. CA to Las Vegas on 7/5 hotel and meals 7/5/90 See PART I # 17 & #18
Cental Utah Project Salt Lake City	7/6-7/7	Provided airfare from Las Vegas to Salt Lake on 7/6/90 Hotel and meals for 7/6 and return airfare to Birmingham Alabama on 7/7/90 SEE PART I #19

U.S. HOUSE OF REPRESENTATIVES

Form For Disclosing Gifts From Foreign Governments Pursuant To 5 U.S.C. 7342

I. NAME: Lou Betts Bevill II. POSITION: wife of Congressman Tom Bev

III. RECIPIENT (If other than reporting person):

IV. DESCRIPTION:

(1) Tangible gift(s) of more than minimal value.

(2) Decoration(s) of more than minimal intrinsic value.

(3) Travel provided by a Foreign Government. Hotel Room and food provided by the government of Uganda, for a period of 4 days. Estimate hotel costs of approximate $150 per day and food approximately $20 per day.

(4) Expenses for travel provided or reimbursed by a Foreign Government.

Reporting Individual's Name

TOM BEVILL AL/04

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE none

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE none

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tom Bevill

DATE (Month, Day, Year) May 14, 1991

GPO 1991 37-598 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

MAY 15 PM 4:00

U.S. HOUSE OF REPRESENTATIVES

JAMES H. BILBRAY
(Full Name)

319 CANNON HOB
(Mailing Address)

WASHINGTON, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: NV District: 01	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

HAND DELIVERED

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	DEFERRED COMPENSATION FROM WORK PERFORMED IN 1970'S	LEGAL FEE	$ 4674.19	
	INTERNATIONAL BROTHERHOOD OF PAINTERS & ALLIED TRADES NOV. 27, 1990	SPEECH	$ 2,000	
	CHICAGO BOARD OF TRADE, DEC. 7, 1990	"	$ 750	
	CHICAGO MERCANTILE EXCHANGE, DEC. 7 1990	"	$ 750	
	ARCO, FEB 22, 1990	"	$ 2,000	
	THE MARQUARDT CO. FEB 9, 1990	"	$ 1,000	
	NORTHROP, MARCH 3, 1990	"	$ 2,000	
	ROCKWELL, FEB 26, 1990	"	$ 2,000	
	NORRIS INDUSTRIES JULY 5 1990	"	$ 1,000	
	WASTE MANAGEMENT INC. AUG. 23, 1990	"	$ 2,000	

For additional earned income, use next page

Reporting Individual's Name
JAMES BILBRAY

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
TEXTRON, JUNE 5, 1990	SPEECH	$2,000	

Reporting Individual's Name

JAMES BILBRAY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		25% INTEREST IN PARCELS 82-111-02-04-07-10 IN SANTA CRUZ CA.		X														NONE										
JT		25% INTEREST IN 20 ACRE PARCEL 98-100-006, CLARK COUNTY, NV.					X											''										
JT		12 1/2% EL MIRADOR PROPERTY CLARK COUNTY, NV.					X											''										
JT		25% INTEREST 15 ACRES LONE MTN. AND DECATUR, CLARK COUNTY, NV.						X										''										
JT		15% INTEREST COMMERCIAL PROPERTY NEXT TO K-MART STORE HENDERSON, NV.					X											''										
JT		50% INTEREST, 260 ACRES BELLVIEW, ID.							X									''										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

JAMES BILBRAY

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
JT	317 SHARES OF ICY [redacted] INC. A NEVADA CORP.					X											NONE										
JT	VACATION CLUB INTERNATIONAL NOTE			X													"										
JT	25% INTEREST 25 ACRES W. FLAMINGO RD. CLARK COUNTY, NV.																"										
JT	75% INTEREST B.I. INVESTMENTS PARCEL 82-091-02, SANTA CRUZ, CA.			X													"										
JT	B.I. INVESTMENTS PARCEL 020-790 404 CLARK COUNTY, NV.			X													"										
JT	B.I. INVESTMENTS, 35% INTEREST 1 ACRE PARCEL 250-56-001, CLARK Co. NV.					X											"										
JT	NOTE DUE FROM DON [redacted] WILLIAMS			X													"										
JT	THE WHARF RESTAURANT REAL ESTATE-RENTAL INCOME, CLARK COUNTY, NV.					X						X											X				
JT	84 SHARES, LEROY PROPERTIES + DEVELOPMENT CORP.	X															NONE										
JT	LEISURE CODEL[redacted] PARTNERSHIP		X								X						PARTNERSHIP INCOME	X	~~X~~ CROPS NET								
JT	WRIGHT PATMAN BANK ACCOUNT		X										X					X									
JT	FIRST INTERSTATE BANK SAVINGS		X										X					X									
JT	HOUSE OF REPRESENTATIVES BANK ACCOUNT		X														NONE										
JT	B.I. INVESTMENTS BANK ACCOUNT - VALLEY BANK			X									X							X							
JT	NOTE RECEIVABLE, VICTORVILLE CA.			X									X							X							

Financial Disclosure A-2(a)

Reporting Individual's Name

JAMES BILBRAY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	B.I. INVESTMENTS - 10% INTEREST PARCEL 200-330-012 HENDERSON, NV.		X		10-9-90		X					
JT	B.I. INVESTMENTS - 10% INTEREST PARCEL 200-340-004 HENDERSON, NV.		X		10-9-90			X				
JT	B.I. INVESTMENTS, - 50% INTEREST PARCEL 094-290-004 CLARK COUNTY, NV.		X		10-16-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	MARYLAND NATIONAL BANK	CREDIT BALANCE	X						
JT	B.I. INVESTMENTS	LOANS		X					

JAMES H. BILBRAY
1st District, Nevada

COMMITTEE ON
ARMED SERVICES

COMMITTEE ON
SMALL BUSINESS

SELECT COMMITTEE
ON AGING

INSIDE MAIL

Congreſs of the United States
House of Representatives
Washington, DC 20515

318 Cannon House Office Building
Washington, DC 20515
(202) 225-5965

DISTRICT OFFICE:
1785 E. Sahara #445
Las Vegas, NV 89104
(702) 792-2424

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May 28, 1991

✓

MC ①

Mr. Donnald Anderson
The Clerk
U.S. House of Representatives
Office of Records & Registration
1036 Longworth HOB
Washington, D.C. 20515

Dear Mr. Anderson:

I have filed my 1990 financial disclosure statement with your office on May 15, 1991. In the course of preparing my 1990 statement, I came across a piece of property that was not shown the value.

The 25 percent interest in 25 acres on W. Flamingo Rd., Clark County, Nevada should be categorized in the D column.

Please include this letter in my 1990 financial disclosure statement.

Sincerely,

James H Bilbray

James H. Bilbray
Member of Congress

JHB:mt

Reporting Individual's Name
JAMES BILBRAY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith Anytown, USA	Silver Platter	$135
GENERAL MOTORS	CIVIL WAR TAPES	$120

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
ROCKWELL	FEB 14, 1990	ROUNDTRIP AIR FROM LAS VEGAS TO ONTARIO, AND LUNCH	
THE MARQUART CO.	FEB 15-6, 1990	ROUNDTRIP AIR FROM LAS VEGAS TO L.A., 1 DAY FOOD AND LODGING	
TEXTRON	MAY 20-1, 1990	AIR FROM LAS VEGAS-DALLAS-WASH. D.C. 1 DAY FOOD + LODGING	
ARCO	FEB 12, 1990	AIR FROM SAN DIEGO-L.A.-LAS VEGAS, AND LUNCH	
WASTE MANAGEMENT INC.	AUG. 16-7, 1990	ROUNDTRIP AIR FROM LAS VEGAS TO SAN JOSE, 1 DAY FOOD + LODGING	
AIPAC	NOV. 4-5, 1989	AIR FROM WASH. D.C.-L.A.-LAS VEGAS, REIMBURSEMENT MADE TO JHB 2/15/90	
GERMAN MARSHALL FUND OF THE U.S.	NOV. 8-17, 1990	ROUNDTRIP AIR FROM LAS VEGAS TO FRANKFURT, 7 DAYS FOOD + LODGING, SELF AND DAUGHTER	
CHICAGO MERCANTILE EXCHANGE	DEC. 9-10, 1990	ROUNDTRIP AIR FROM WASH. D.C. TO CHICAGO, 1 DAY FOOD + LODGING	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JAMES BILBRAY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
SEC. - TREASURER AND DIRECTOR (JAMES BILBRAY)-	B F. INVESTMENTS
UNCOMPENSATED	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James H Bilbray	May 15.1991

GPO 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

Michael Bilirakis
(Full Name)

2432 Rayburn H.O.B.
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Florida District: nine	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (11)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bilirakis & Galep, P.A., Holiday, FL	Law Firm Compensation	$16,159	
	National Cable T.V. Assn, Los Angeles, CA 1/13/90	Speech	$ 1,500	X
	Food Marketing Institute, Washington, D.C. 2/8/90	Speech	$ 1,000	X
	Health Industry Mfg Assn, Ft. Myers, FL 3/11/90	Speech	$ 2,000	X
	National Council of Community Hospitals, Miami, FL 4/28/90	Speech	$ 2,000	X
	Tobacco Institute, Washington, DC 5/1/90	Speech	$ 2,000	X
	Brown & Williamson Corp. Louisville, KY 5/5/90	Speech	$ 2,000	X
	American Podiatric Medical Assn, Miami, FL 5/12/90	Speech	$ 2,000	X
	National Cable T.V. Assn, Atlanta, GA 5/20/90	Speech	$ 1,500	X
	National Assn of Broadcasters, Washington, DC 6/18/90	Speech	$ 1,000	X

For additional earned income, use next page

Reporting Individual's Name
Michael Bilirakis

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Chicago Mercantile Exchange, Chicago, IL 11/11/90	Speech	$ 750	
Chicago Board of Trade, Chicago, IL 11/12/90	Speech	$ 750	
American Public Power Assn, Washington, DC	Speech	$1,000	X
(earned 1/29/90 paid to charity 3/1/91)			

Reporting Individual's Name

Michael Bilirakis

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	152 Main Street, Dover, Delaware				X							X								X							
JT	Office Bldg. 1017 Bartlet Rd. Hol				X							X											X				
JT	Business Bldg 1013 Bartlet Rd. Hol			X								X								X							
JT	Bellhaven Apts Dunedin FL (¼)		X														have no operational int.										
JT	Rental House, 529 Grand Blvd. Tarpon Springs			X								X								X							
JT	Rental Condo, Unit 5G Gateway Towers, P tt			X								X						X									X
S	Bldg. (1/3) Athens & Pinellas Blvd. Tarpon Springs			X								X								X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Michael Bilirakis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Washington State Power Supply Bon		X										X						X								
S	City of Albuquerque Bond		X										X						X								
S	County of Armstrong Bond		X										X						X								
S	County of Stone, Missouri Bond	X											X					X									
	Bilirakis Gelep et al Prof.Corp		X																								X
S	1st Nat. Bank of Pasco Stock		X																								
	First Union Corporation Stock		X								X							X									X
S	General Development Stock		X																								
S	IRA																										
	First Union Corporation Stock		X								X							X									X
	Daily Cash Accumulation Fund		X								X								X								
	Wellcome PLC Stock		X								X							X									
	Putnam High Income Gov't Trust		X								X								X								
S	IRA Life of Georgia		X										X						X								
	Tarpon Foods (sold 12/1/88)																Bad Debt Recovery			X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Michael Bilirakis

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
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		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Unimproved Realty(½)2lots, Tarpon Hope Subdivisic		X																								
JT	Rental House, 305 Driftwood Dr. Palm Har					X						X							X								
JT	NCNB Nat. Bank of FL-CD's,Ckng&Sav.				X								X								X						
JT	Barnett Bank, CD's & Ckng Acct			X									X								X						
JT	People's State Bank CD				X								X									X					
JT	Congressional Federal Credit Union			X									X						X								
JT	Citizens Federal Bank		X										X					X									
JT	AG Edwards & Son - Cash Fund	X									X								X								
S	Ambase Co.	X									X							X									
	Pinellas Fish & Chips Corp.	X																									
	Holiday Fish & Chips Corp.				X																						
S	AMEV Securities	X									X								X								
S	CaesAR"S World Common Stock		X																								
S	Tax Exempt Securities Trust Fund		X								X									X							
S	Palm Beach County Bonds		X										X						X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
Michael Bilirakis

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	IRA																										
	Daily Cash Accumulation Fund		X								X								X								
	First Union Corp. Stock		X								X							X									X
	Putnam High Income Gov't Trust		X								X							X									
	Wellcome PLC Stock		X								X							X									
	Keough Plan																										
	Daily Cash Accumulation Fund		X								X								X								
	AG Edwards, Inc. stock		X								X							X									
	First Union Corp. Stock		X								X							X									X
	IBM Stock			X							X								X								
	Wellcome PLC Stock		X								X							X									
	Putnam High Yield Gov't Trust				X						X											X					
	Odyssey Travel of Tampa, Inc Sto	X																									non-operating closed
	note receivable Steven Moss paid off in1990					X							X									X					from 1989 sale of Hwy 19 frontage
	Internal Revenue Service (refund)												X							X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Michael Bilirakis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Notes receivable																										
	International House of Travel		X										X					X									
	Pinellas Fish & Chips	X											X					X									

Reporting Individual's Name
Michael Bilirakis

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Rental Condo in Pittsburgh, PA	X			8/17/90		X					
	First Union Stock for IRA's, Keough & Joint Act	X			11/13/90	X						
	Congressional Federal Credit Union - Cert. of Deposit	X			9/12/90		X					
	Unex. Appr. Abv. reporting limit Attorneys Title Insurance Fund, Inc. (Sold at loss)		X		7/17/90	X						
	Bilirakis & Golep, P.A. Transferred interest to son				12/31/90							

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Barnett Bank of Pasco County	Mortgage on bldg. Bartlett Rd			X				
	Florida State Bank	Mortgage on bldg. Barlett Rd		X					
	Fortune Federal Bank Barnett Bank of Pasco County	1/2 mortgage on apartments (Bellhaven) Personal Loans		X X					
	First Florida Nat'l Bank N.C.N.B. Holiday Florida	Personal Loan Personal Loans		X X					
	Florida State Bank Congressioanl Credit Union	Travel Agency Loan & Bldg Mort. Personal loan	 X	X 					

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Michael Bilirakis

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 15.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
M/M Curtis, Cypress Trace, Tarpon Springs	Framed Print	$16 5
General Motors	Civil War Tapes	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chicago Mercantile Exchange Chicago Board of Trade		Nov 11&12,90	Roundtrip airfare from Tampa-1nights lodging &meals	
American Podiatric Medical Assn		May 12,90	Roundtrip Tampa-Miami-1 nights lodging &meals MB& spouse	
Nat. Council of Community Hosp.		4/27-29 90	Rdtrp Tampa-Miami-3nights lodging&meals MB & spouse	
Health Industry Manu. Assn.		3/11&12,90	Trans. Tampa-Ft.Myers-to D.C., 1night lodging&meals MB & spouse	
Nat. Cable Television Assn.		1/12-15,90	Rdtrp Tampa-L.A., 3nights lodging & meals,self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Michael Bilirakis

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$155

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

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NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Nat. Cable Television Assn.	5/19-21,90	MB & spouse Air Trans. Tampa-Atlanta-D.C.,2 nights lodging &meals	
Brown & Williamson Corp.	5/4-6,90	Rdtrp D.C.-Louisville, KY, 2 nights lodging&meals, MB &son	
Mr. & Mrs. David Walker	11/30-12/1, 90	2 nights House Guest, MB & wife, Tallahassee, FL	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Michael Bilirakis

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President President/Director	Bilirakis & Gelep Pinellas Fish & Chips, Holiday Fish & Chips (closely held corporations)
Director	Chi Chi Rodriguez Children,s Foundation
Director	Florida State Bank (Resigned July'90) (no meetings attended in 1990)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
Spring 1983	Paul Gelep	Professioanl Law Corporation
Spring 1983	Bilirakis & Gelep, P.A.	Lease on Office Building

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Michael Bilirakis

DATE (Month, Day, Year) May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 5:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Ben Garrido Blaz
(Full Name)

5005 Gadsen Dr.
Fairfax, VA 22032
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Guam District: At Large ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

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NONE ☒

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
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	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

Ben Garrido Blaz

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
S	CD, SovRan Bank, Fairfax, VA					X						X											X					
	CD/Savings, Wright-Patman Cong. Fed. Credit Union			X										X								X			X			
	313 Windsor Dr., Auburn, AL					X							X															

For additional assets and unearned income, use next page

Reporting Individual's Name
Ben Garrido Blaz

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	City Federal Savings & Loan, Montgomery, AL	Mortgage on 313 Windsor Dr., Auburn, AL			X				

Reporting Individual's Name
Ben Garrido Blaz

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE X

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE X

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Ben Garrido Blaz

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ben Blaz

DATE (Month, Day, Year) May 15, 1991

GPO 1991 27-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 3:05
U.S. [illegible]

HAND DELIVERED

THOMAS J. BLILEY, JR.
(Full Name)
2241 Rayburn House Office Building
(Mailing Address)
Washington, D. C. 20515

Filer Status: ☒ Member of the U.S. House of Representatives State: Virginia District: Third ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

(Office Use Only) 11

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	The Tobacco Institute, LaQuinta, Calif.,(1/18/90)	Honoraria	$2,000	*
	Goldman, Sachs & Company, New York City (2/15/90)	Honoraria	$2,000	*
	1990 IPP/PUHCA Symposium, Wash.,D.C.,(3/8/90)	Honoraria	$1,000	*
	RJR Nabisco Washington, Inc., Wash.,D.C.(3/8/90)	Honoraria	$2,000	*
	The Fertilizer Institute, Wash., D.C., (3/21/90)	Honoraria	$2,000	*
	Telecom. Industry Assn., Wash., D.C., (3/26/90)	Honoraria	$2,000	*
	Industrial Biotechnology Assn., Wash.,D.C.(4/25/90)	Honoraria	$500	*
	U. S. Tobacco Company, Palm Beach,Fl., (4/28/90)	Honoraria	$2,000	*
	Philip Morris Mgmt. Corp.,Wash.,D.C., (5/1/90)	Honoraria	$2,000	*
	Burson-Marsteller, New York City, (5/3/90)	Honoraria	$1,500	*

For additional earned income, use next page

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
NonPrescrip. Drug Mfgrs. Assn. White Sulphur Sprs. W.Va., (5/6/90)	Honoraria	$2,000	*
Natl. Cable Television Assn.,Atlanta,Ga.(5/20/90)	Honoraria	$1,500	*
Natl.Assn. of Pharmaceutical Mfgrs.,Wash.,D.C. (6/8/90)	Honoraria	$2,000	*
Johnston-Willis Hospital, Richmond,Va., (6/16/90)	Honoraria	$[illegible]00	*
National Coal Assn., Wash., D.C. (7/18/90)	Honoraria	$500	*
Hecht,Spencer & Assoc.,Inc.,Wash.,D.C. (7/25/90)	Honoraria	$1,000	*
Smokeless Tobacco Council,Inc.,Wash.,D.C.(9/11/90)	Honoraria	$1,000	*
Earle Palmer Brown, Wash., D.C., (10/15/90)	Honoraria	$750	*
Chicago Mercantile Exch.,Chicago,Ill., (11/12/90)	Honoraria	$750	*
Chicago Bd. of Trade, Chicago,Ill., (11/12/90)	Honoraria	$750	*
Pipe Tobacco Council, Wash.,D.C., (11/13/90)	Honoraria	$500	*
U. S. Telephone Assn., Naples, Fl., (11/16/90)	Honoraria	$1,000	*
* $13,800 of above amount was given to charity - list attached.			

THOMAS J. BLILEY, JR.

Contributions

1990

St. Bridget's Church	$ 5,196.00
Little Sisters of the Poor	470.00
Benedictine High School	1,025.00
Concilium for Catholic Education	1,300.00
National Arts Education Program	465.00
Virginia Special Olympics	27.00
St. Francis Home	264.00
Bishop's Appeal	600.00
Richmond Symphony	175.00
Arts Council	100.00
Haitian Ministry Commission	50.00
Office of Refugee Resettlement	50.00
WCVE/WCVW	220.00
Salvation Army	100.00
Parents Anonymous	25.00
Msgr. McMahon Beneficial Society	24.00
I.N.A.A.	20.00
St. Stephen Martyr	20.00
Elizabeth Ann Seaton Center	50.00
St. Gertrude High School	700.00
American Cancer Society	150.00
St. Bridget's School	100.00
Children's Hospital	250.00
Black History Museum	25.00
V.C.P.A.	50.00
All Saints Catholic School	50.00
Friends of the Library	50.00
American Legion	20.00
Amvets	20.00
Georgetown University	200.00
Rabbi's Fund	25.00
Catholic Charities	200.00
R. O. Chandler Scholarship Fund	50.00
St. Joseph's Catholic Church	10.00
Henrico Christmas Mother	10.00
Virginia Society for Human Life	125.00
Prevent Blindness Virginia	50.00
Freedom House	30.00
Covenant House	75.00
Virginia Home	100.00
West End Volunteer Rescue	10.00
J. St. B.	100.00
Mary Mother of Church Abbey	25.00
College of New Rochelle	250.00
Tuckahoe Rescue	15.00
Maymont Foundation	25.00
The Daily Planet	50.00
Va. Capital Chapter Red Cross	50.00
Va. Historical Society	50.00
St. Joseph's Villa	50.00
Holy Family Retreat	50.00
Bainbridge Community Ministry	50.00

continued

PAGE 2 - continued

THOMAS J. BLILEY, JR.
Contributions
1990

Virginia Home for Boys	$ 150.00
Sacred Heart Church	100.00
Christian Children's Fund	136.00
Sts Helen & Constantine Greek Orthodox Cathedral	50.00
Cheerleader/Cavalette Travel Fund	50.00
Richmond Jaycees	35.00
Christmas Mother Fund	100.00
TOTAL	$13,817.00

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calender year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			American Home Products				X						X									X							
			Burlington Northern		X								X								X								
			Burlington Resources			X							X								X								
			Cigna Corporation		X								X								X								
			Chesapeake Corporation			X							X									X							
			Contel Corporation			X							X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

THOMAS J. BLILEY, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	– Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Crestar Financial Corporation			x							x										x						
	Dominion Resources, Inc.			x							x									x							
	Dow Chemical Co.			x							x									x							
	Ethyl Corporation		x								x								x								
	Home Beneficial Corporation			x							x									x							
	Jefferson Bankshares			x							x								x								
	Media General			x							x								x								
	Reynolds Metals		x								x							x									x
	Tredegar Inds., Inc.	x									x							x									x
	Jefferson National Bank -Checking		x										x						x								
	Alliance Tax Exempt Reserves					x							x									x					
	C&S/Sovran (new name - merging of Citizens Southern & Sovran)			x							x										x						
	Prudential Insurance		x								x								x								
	Capital Regional Airport			x									x								x						
	Fairfax County, Va. Municipal			x									x							x							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
THOMAS J. BLILEY, JR.

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Norfolk, Va., West Cant.		x										x						x								
	West Point, Va., Chesapeake			x									x							x							
	Winchester, Va. West. Cant.		x																								
	Joseph W. Bliley Real Estate		x																								
	The New Economy Fund (Keogh)			x																							
	IRA			x																							

Reporting Individual's Name

THOMAS J. BLILEY, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Tredegar Inds., Inc. Stock (less than $1,000)		x		3-29-90							
	Reynolds Metals	x			6-15-90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
The Skyline Clubs Hunger Tennis Tournament - April 2, 1990	Tennis Racket (Participation in Tournament)	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U. S. Tobacco Company	1/5-7/90	Roundtrip Air from Wash.,D.C. to Boca Raton, Fl., 2 nights lodging and meals, self and spouse, in connection with Jack Africk Charity Pro-Am Tennis Tournament	
The Tobacco Institute	1/17-20/90	Roundtrip Air from Wash.,D.C., to La Quinta, Calif. 3 nights lodging and meals, self and spouse in connection with speech	
Goldman, Sachs & Company	2/15/90	Roundtrip air from Richmond, Va., to New York City in connection with speech, lunch	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

THOMAS J. BLILEY, JR.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Continuation Sheet

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Cong. Charity Tennis Tournament	3/2-4/90	Two nights lodging & meals, self and spouse, White Sulphur Springs, West Va., in connection with tournament	
U. S. Tobacco Company	4/27-29/90	Roundtrip Air from Wash., D.C., to Palm Beach, Fl., two nights lodging and meals, self and spouse, in connection with speech	
Burson-Marsteller	5/2-3/90	Roundtrip Air from Wash., D.C., to New York City, one night lodging and meals in connection with speech to Arthur W. Page Society	
Nonprescription Drug Mfgrs. Assn.	5/4-6/90	Two nights lodging & meals, self and spouse, White Sulphur Springs, West Va., in connection with Speech	
National Cable Television Assn.	5/20-21/90	Roundtrip Air from Richmond, Va. (return to Wash., D.C.) to Atlanta, Georgia, one night lodging and meals in connection with speech	
Chicago Mercantile Exchange	11/11-12/90	Roundtrip Air from Richmond, Va., to Chicago, Ill., one night lodging and meals in connection with speechs	
United States Telephone Assn.	11/15-18/90	Roundtrip Air from Richmond, Va., to Naples, Florida, three nights lodging and meals, self and spouse, in connection with speech	
Pinkerton Group, Inc./The American Jewish Committee	12/6/90	Roundtrip Air from Wash., D.C. to New York City in connection with speech at American Jewish committee Dinner honoring Robert Seidensticker	

THOMAS J. BLILEY, JR.

Contributions

1990

St. Bridget's Church	$ 5,196.00
Little Sisters of the Poor	470.00
Benedictine High School	1,025.00
Concilium for Catholic Education	1,300.00
National Arts Education Program	465.00
Virginia Special Olympics	27.00
St. Francis Home	264.00
Bishop's Appeal	600.00
Richmond Symphony	175.00
Arts Council	100.00
Haitian Ministry Commission	50.00
Office of Refugee Resettlement	50.00
WCVE/WCVW	220.00
Salvation Army	100.00
Parents Anonymous	25.00
Msgr. McMahon Beneficial Society	24.00
I.N.A.A.	20.00
St. Stephen Martyr	20.00
Elizabeth Ann Seaton Center	50.00
St. Gertrude High School	700.00
American Cancer Society	150.00
St. Bridget's School	100.00
Children's Hospital	250.00
Black History Museum	25.00
V.C.P.A.	50.00
All Saints Catholic School	50.00
Friends of the Library	50.00
American Legion	20.00
Amvets	20.00
Georgetown University	200.00
Rabbi's Fund	25.00
Catholic Charities	200.00
R. O. Chandler Scholarship Fund	50.00
St. Joseph's Catholic Church	10.00
Henrico Christmas Mother	10.00
Virginia Society for Human Life	125.00
Prevent Blindness Virginia	50.00
Freedom House	30.00
Covenant House	75.00
Virginia Home	100.00
West End Volunteer Rescue	10.00
J. St. B.	100.00
Mary Mother of Church Abbey	25.00
College of New Rochelle	250.00
Tuckahoe Rescue	15.00
Maymont Foundation	25.00
The Daily Planet	50.00
Va. Capital Chapter Red Cross	50.00
Va. Historical Society	50.00
St. Joseph's Villa	50.00
Holy Family Retreat	50.00
Bainbridge Community Ministry	50.00

continued

PAGE 2 - continued

THOMAS J. BLILEY, JR.

Contributions

1990

Virginia Home for Boys	$ 150.00
Sacred Heart Church	100.00
Christian Children's Fund	136.00
Sts Helen & Constantine Greek Orthodox Cathedral	50.00
Cheerleader/Cavalette Travel Fund	50.00
Richmond Jaycees	35.00
Christmas Mother Fund	100.00
TOTAL	$13,817.00

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tom J Bliley	DATE (Month, Day, Year) May 14, 1991

GPO: 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 21 [illegible] 4:42

[illegible]

HAND DELIVERED

MC

(Office Use Only) 11

THOMAS J. BLILEY, JR.
(Full Name)

2241 Rayburn House Office Building
Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Virginia District: Third	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	The Tobacco Institute, LaQuinta, Calif., (1/18/90)	Honoraria	$2,000	*
	Goldman, Sachs & Company, New York City (2/15/90)	Honoraria	$2,000	*
	1990 IPP/PUHCA Symposium, Wash., D.C., (3/8/90)	Honoraria	$1,000	*
	RJR Nabisco Washington, Inc., Wash., D.C. (3/8/90)	Honoraria	$2,000	*
	The Fertilizer Institute, Wash., D.C., (3/21/90)	Honoraria	$2,000	*
	Telecom. Industry Assn., Wash., D.C., (3/26/90)	Honoraria	$2,000	*
	Industrial Biotechnology Assn., Wash., D.C. (4/25/90)	Honoraria	$500	*
	U. S. Tobacco Company, Palm Beach, Fl., (4/28/90)	Honoraria	$2,000	*
	Philip Morris Mgmt. Corp., Wash., D.C., (5/1/90)	Honoraria	$2,000	*
	Burson-Marsteller, New York City, (5/3/90)	Honoraria	$1,500	*

For additional earned income, use next page

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
NonPrescrip. Drug Mfgrs. Assn., White Sulphur Sprs. W.Va., (5/6/90)	Honoraria	$2,000	*
Natl. Cable Television Assn.,Atlanta,Ga.(5/20/90)	Honoraria	$1,500	*
Natl.Assn. of Pharmaceutical Mfgrs.,Wash.,D.C. (6/8/90)	Honoraria	$2,000	*
Johnston-Willis Hospital, Richmond,Va., (6/16/90)	Honoraria	$500	*
National Coal Assn., Wash., D.C. (7/18/90)	Honoraria	$500	*
Hecht,Spencer & Assoc.,Inc.,Wash.,D.C. (7/25/90)	Honoraria	$1,000	*
Smokeless Tobacco Council,Inc.,Wash.,D.C.(9/11/90)	Honoraria	$1,000	*
Earle Palmer Brown, Wash., D.C., (10/15/90)	Honoraria	$750	*
Chicago Mercantile Exch.,Chicago,Ill., (11/12/90)	Honoraria	$750	*
Chicago Bd. of Trade, Chicago,Ill., (11/12/90)	Honoraria	$750	*
Pipe Tobacco Council, Wash.,D.C., (11/13/90)	Honoraria	$500	*
U. S. Telephone Assn., Naples, Fl., (11/16/90)	Honoraria	$1,000	*
* $13,800 of above amount was given to charity - list attached.			

Reporting Individual's Name
THOMAS J. BLILEY, JR.

ARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	American Home Products				X						X									X							
	Burlington Northern		X								X								X								
	Burlington Resources			X							X								X								
	Cigna Corporation		X								X								X								
	Chesapeake Corporation			X							X									X							
	Contel Corporation			X							X								X								

For additional assets and unearned income, use next page

.PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
THOMAS J. BLILEY, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, XC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Crestar Financial Corporation			x							x										x						
	Dominion Resources, Inc.			x							x									x							
	Dow Chemical Co.			x							x									x							
	Ethyl Corporation		x								x								x								
	Home Beneficial Corporation			x							x									x							
	Jefferson Bankshares			x							x								x								
	Media General			x							x								x								
	Reynolds Metals		x								x							x									x
	Tredegar Inds., Inc.	x									x							x									x
	Jefferson National Bank -Checking		x										x						x								
	Alliance Tax Exempt Reserves					x							x									x					
	C&S/Sovran (new name - merging of Citizens Southern & Sovran)			x							x										x						
	Prudential Insurance		x								x								x								
	Capital Regional Airport			x									x								x						
	Fairfax County, Va. Municipal			x									x							x							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
THOMAS J. BLILEY,JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Norfolk,Va.,West Cent.Municipal Bonds		x										x						x								
	West Point,Va.,Chesapeake Munic.Bonds			x									x							x							
	Winchester,Va.West Cent.Munic. Bonds		x														None										
	Joseph W.Bliley Real Estate Corp.(Stock)		x														None										
	The New Economy Fund (Keogh)			x							x			x						x							
	IRA-Alliance Capital Reserve Money Market Fund/Government Securities			x									x						x								

Reporting Individual's Name

THOMAS J. BLILEY, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Tredegar Inds., Inc. Stock (less than $1,000)		x		3-29-90							
	Reynolds Metals	x			6-15-90	x						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

THOMAS J. BLILEY, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
The Skyline Clubs Hunger Tennis Tournament - April 2, 1990	Tennis Racket (Participation in Tournament)	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U. S. Tobacco Company		1/5-7/90	Roundtrip Air from Wash.,D.C. to Boca Raton, Fl., 2 nights lodging and meals, self and spouse, in connection with Jack Africk Charity Pro-Am Tennis Tournament	
The Tobacco Institute		1/17-20/90	Roundtrip Air from Wash.,D.C., to La Quinta, Calif. 3 nights lodging and meals, self and spouse in connection with speech	
Goldman, Sachs & Company		2/15/90	Roundtrip air from Richmond, Va., to New York City in connection with speech, lunch	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Continuation Sheet

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Cong. Charity Tennis Tournament		3/2-4/90	Two nights lodging & meals, self and spouse, White Sulphur Springs, West Va., in connection with tournament	
U. S. Tobacco Company		4/27-29/90	Roundtrip Air from Wash., D.C., to Palm Beach, Fl., two nights lodging and meals, self and spouse, in connection with speech	
Burson-Marsteller		5/2-3/90	Roundtrip Air from Wash., D.C., to New York City, one night lodging and meals in connection with speech to Arthur W. Page Society	
Nonprescription Drug Mfgrs. Assn.		5/4-6/90	Two nights lodging & meals, self and spouse, White Sulphur Springs, West Va., in connection with Speech	
National Cable Television Assn.		5/20-21/90	Roundtrip Air from Richmond, Va. (return to Wash., D.C.) to Atlanta, Georgia, one night lodging and meals in connection with speech	
Chicago Mercantile Exchange		11/11-12/90	Roundtrip Air from Richmond, Va., to Chicago, Ill., one night lodging and meals in connection with speechs	
United States Telephone Assn.		11/15-18/90	Roundtrip Air from Richmond, Va., to Naples, Florida, three nights lodging and meals, self and spouse, in connection with speech	
Pinkerton Group, Inc./The American Jewish Committee		12/6/90	Roundtrip Air from Wash., D.C. to New York City in connection with speech at American Jewish committee Dinner honoring Robert Seidensticker	

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Tom Bliley

DATE (Month, Day, Year)
May 21, 1991

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 10:19
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

SHERWOOD L. BOEHLERT
(Full Name)

20 Stone Bridge Road
New Hartford, New York 13413
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: N.Y. District: 25th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bell Helicopter, Ft. Worth, Texas (Jan 10, 1990)	Speech	2,000.00	
	Electronic Industry Assn., Wash., DC (Jan. 22, 1990)	Forum Participant	1,000.00	
	New York Insurance Alliance, Cortland, NY (Feb. 5, 1990)	Speech	1,000.00	
	Association of American Railroads Scottsdale, Arizona (Mar. 3, 1990)	Speech	1,000.00	
	National Association of Chemical Distributors Washington, D. C. (Mar. 26, 1990)	Speech	2,000.00	
	Rochester Institute of Technology Rochester, New York (Mar. 30, 1990)	Speech	1,000.00	
	The Washington Post Wash., D. C. (Apr. 12, 1990)	Article	200.00	
	Cincinnati Microwave, Inc. Cincinnati, Ohio (Apr. 17, 1990)	Speech	2,000.00	
	American Association of State Colleges & Universities Washington, D. C. (Apr. 19, 1990)	Speech	500.00	
	Council of Scientific Society Presidents Washington, D. C. (May 9, 1990)	Speech	250.00	

For additional earned income, use next page

Reporting Individual's Name

BOEHLERT, SHERWOOD L.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
American Society of Travel Agents Alexandria, Virginia (May 17, 1990)	Speech	500.00	
Hofstra University Hempstead, N.Y. (June 7, 1990)	Speech	1,500.00	
Chicago & Northwestern Transportation Company Chicago, Illinois (Aug. 13-14, 1990)	Speech	2,000.00	
Northrop Corporation Washington, D. C. (Aug. 30, 1990)	Speech	2,000.00	
Bell Helicopter Textron, Inc. Ft. Worth, Texas (Sept. 19-20, '90)	Speech	2,000.00	
LTV Corporation Ft. Worth, Texas (Sept. 20, 1990)	Speech	1,000.00	
Hecht, Spencer & Associates, Inc. Washington, D. C. (Oct. 19, 1990)	Speech	1,000.00	
Chicago Mercantile Exchange Chicago, Illinois (Nov. 19, 1990)	Speech	750.00	
Chicago Board of Trade Chicago, Illinois (Nov. 19, 1990)	Speech	750.00	
Hartwick College Oneonta, New York (Dec. 5, 1990)	Lecture Panel	150.00	X
Marianne Boehlert — Professional Photographer			
The Amusement & Music Operators Association Washington, D. C. (May. 1, 1990)	Pinball Tournament	250.00	X

Reporting Individual's Name

BOEHLERT, SHERWOOD L.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		GPO Credit Union		X										X					X									
JT		General Money Market Fund		X										X						X								
JT		NBT Common Stock		X								X								X								
JT		Rubbermaid Common Stock		X								X							X									
JT		Marietta Common Stock	X																X									
JT		Limited Partnership Utica Baseball Club		X															X									

For additional assets and unearned income, use next page

Reporting Individual's Name

BOEHLERT, SHERWOOD L.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
BOEHLERT, SHERWOOD L.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Danny Thompson Memorial Golf Tournament, Sun Valley Idaho	Golfing supplies	$170.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Association of American Railroads	March 3-5, 1990	Roundtrip air from Wash., D. C. to Arizona Two nights lodging	
Cincinnati Microwave, Inc.	April 17, 1990	Roundtrip air from Wash., D. C. to Cincinnati	
Hofstra University	June 7, 1990	Roundtrip air from Wash., D. C. to New York	
Chicago & Northwestern Transportation Co.	August 13-14, '90	One way train from Wash., D. C. to Chicago One way air from Chicago to Wash., D. C.	
Danny Thompson-Memorial Golf Tournament	August 23-24, '90	Round trip air from New York to Idaho Two nights lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BOEHLERT, SHERWOOD L.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Northrop Corporation		August 30, 1990	Roundtrip air from Wash., D. C. to L.A., California One night's lodging	
Bell Helicopter Textron, Inc.		Sept. 19-20, '90	Roundtrip air from Wash., D. C. to Ft. Worth, Texas One night's lodging	
Federal Laboratory Consortium		November 13, 1990	Roundtrip air from Wash., D. C. to New Orleans, La. One night's lodging	
Chicago Mercantile Exchange Chicago Board of Trade		November 18, 1990	Roundtrip air from Wash., D. C. to Chicago One night's lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BOEHLERT, SHERWOOD L.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Limited Partner	Utica Baseball Club

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Sherwood Boehlert	May 15, 1991

GPO 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 13 [illegible] 4:25

HAND DELIVERED

JOHN ANDREW BOEHNER
(Full Name)

7471 SLEEPY HOLLOW DRIVE
WEST CHESTER, OHIO 45069
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: OHIO District: 8	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	NUCITE SALES, INC.	SALARY	156,819.35	
	STATE OF OHIO - STATE REPRESENTATIVE	SALARY	42,191.44	

For additional earned income, use next page

Reporting Individual's Name

JOHN ANDREW BOEHNER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			NUCITE SALES, INC. - STOCK								X		X													X			
			NUCITE SALES, INC. - Pension Plan Trust					X												X									
			NUCITE SALES, INC. - Profit Sharing Plan Trust					X												X									
			STATE OF OHIO - Public Employees Retirement Plan			X														X									
			STATE OF OHIO - Deferred Compensation Program			X														X									
			FRIENDS OF JOHN BOEHNER - Loan to campaign					X												X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

JOHN ANDRES BOEHNER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Frog Moore IV, 16 Water Oak, Hilton Head Isl., SC 50%(rental property)					X						X										X					
	7908 Cinti.-Dayton Rd., Suite I, West Chester, OH(Office Bldg. Rental property)					X						X											X				
	1st National Bank of Southwestern Ohio(Savings Accts.)			X									X						X								
	Rolling Ridge Assoc.(Real Estate Limited Partnership)			X							X							X									
	Gradison & Co.(Mutual Fund)		X								X								X								
	Gradvantage (R.L. Polk Lease - Equip.)	X										X											X				Sold 7/90
	10913 Lake Thames Dr., Cinti., OH (Rental Property)				X									X							X						Sold 4/12/90
	John A. Boehner Trust (Debbie Boehner Trustee - for my children)	X																									Dissolved

Reporting Individual's Name

JOHN ANDREW BOEHNER

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Gradvantage - R.L. Polk Equipment Lease		X		7/90	X						
	10913 Lake Thames Drive - Rental Property		X		4/12/90			X				

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank One, Middletown, Ohio	Mortage on West Chester Office Bldg.			X				
	Loyola Federal S&L, Hilton Head Isl., SC	Mortage on Frog Moore IV rental property			X				

Reporting Individual's Name
JOHN ANDREW BOEHNER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOHN ANDREW BOEHNER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director - not compensated	NUCITE SALES, INC.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	Nucite Sales, Inc., Pension & Profit Sharing Plans	Continued interest - no additional contribution
	State of Ohio, Pension & Deferred Compensation Plans	Continued interest

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John A. Boehner	May 15, 1991

GPO 1991 37-388

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 2:52

U.S. [illegible] REPRESENTATIVES

HAND DELIVERED

David Edward Bonior
(Full Name)

23 - E. Dickinson
Mt. Clemens, Michigan 48043
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Michigan District: 12th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

mc (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other then current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Bankers Association(Jan. 8, 1990)	Speech	$ 1,000	
	United States Telephone Association(Jan.12,1990)	Speech	$ 1,000	
	Atlantic Richfield Company(Jan. 12, 1990)	Speech	$ 2,000	
	Distilled Spirits Council of the United States (Jan.24,1990)	Speech	$ 2,000	
	Wine and Spirits Wholesalers of America, Inc. (Feb.21, 1990)	Speech	$ 1,000	
	Connell Rice & Sugar Co., Inc.(Feb.23,1990)	Speech	$ 2,000	
	Graphic Communications International Union (Feb.27,1990)	Speech	$ 1,000	
	National Association of Arab-Americans-NAAA (Feb.27,1990)	Speech	$ 1,000	
	National Restaurant Association(Mar. 1,1990)	Speech	$ 1,000	
	Gold and Liebengood(Mar. 5, 1990)	Speech	$ 1,000	

For additional earned income, use next page

Reporting Individual's Name

David Edward Bonior

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Campbell-Raupe, Inc.(Mar. 7, 1990)	Speech	$ 1,000	
(Mar.14,1990) International Association of Fire Fighters	Speech	$ 1,500	
United States Telephone Association(Mar.14,1990)	Speech	$ 2,000	
Bellsouth D.C. Inc.(Mar. 21, 1990)	Speech	$ 2,000	
(Mar.23,1990) American Arab Anti-Discrimination Committee	Speech	$ 1,500	
Bergner, Boyette & Bockorny, Inc.(Apr. 4, 1990)	Speech	$ 1,000	
(May 11,1990) National Marine Manufacturers Association,Inc.	Speech	$ 2,000	
The Upjohn Company(June 13,1990)	Speech	$ 2,000	
(June 20,1990) Interstate Natural Gas Association of America	Speech	$ 2,000	(x) $ 1,200.00

Reporting Individual's Name
David Edward Bonior

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	Wright Patman Cong.Fed.Cr.Union		X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name
David Edward Bonior

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

			Type of Transaction (X)				Amount of Transaction						
			Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets												
	Example:	ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

				Category of Amount of Value (X)						
S, DC, JT	Creditor		Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
David Edward Bonior

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Natl. Marine Manufaturers Assn.	1/11/90	Air Travel from Wash.D. C. to New York City	
United States Telephone Assn.	1/11/90	Air Travel from New York City to Palm Springs,CA + 1 night's lodging	
Atlantic Richfield Company	1/12/90	Air Travel from Palm Springs,CA. to Wash.D.C. + Cab fares	
Connell Rice and Sugar Co.,Inc	2/23/90	Air Travel from Wash.D.C. to Newark, New Jersey	
Emory University	2/23/90	Air Travel fr.Newark,N.J.to Miami to Managua + 1 night's meals & lodging in Miami	
Chicago Mercantile Exchange	3/8-12/90	Roundtrip Air Travel from Wash.D.C. to West Palm Beach Fl. (stayed with family in Florida)	
Sunkist Growers, Inc.	3/30-31/90	Roundtrip Air Travel from Wash.D.C. to Los Angeles,CA + one night's meals & lodging	
American Arab Anti-Disc.Comm.	6/3-4/90	Roundtrip Air Travel fr.Wash.D.C. to Chicago,IL + 1 night's meals & lodging	
Natl.Assn. of Letter Carriers	8/19-20/90	Roundtrip Air Travel fr.Wash.D.C. to New Orleans plus one night's meals and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

David Edward Bonior

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Gallaudet University

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 14, 1991

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:03
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Robert A. Borski
(Full Name)

407 Cannon HOB
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: PA District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Atlantic Richfield Company, L.A., Cal. (1/19/90)	Speech	$ 2,000	
	Preston, Gates, Ellis & Rouvelas Meeds.(D.C.) 3/5/90	Speech	$ 1,000	
	American Trucking Assn. (Washington, D.C.) 3/7/90	Speech	$ 1,000	
	RJR Nabisco (Washington, D.C.) 3/29/90	Speech	$ 2,000	
	American Assn of Railroads (Key Largo, Fla.) 4/12/90	Speech	$ 1,000	
	American Council of Highway Advertisers (D.C.) 4/4/90	Speech	$ 2,000	
	Irvine Company (Washington, D.C.) 10/9/90	Speech	$ 2,000	
	Arthur E. Cameron (Washington, D.C.) 10/24/90	Speech	$ 2,000	
	Safetran Systems Corporation (Washington, D.C.) 11/30/90	Speech	$ 2,000	
	Indo American Club (Phil, PA) 12/11/90	Speech	$ 2,000	

For additional earned income, use next page

Reporting Individual's Name

Robert A. Borski

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
AT&T (Morristown, N.J.) 12/20/90	Speech	$ 2,000	
Our Lady of Good Counsel	Spouse Salary	NA	
Eventmakers Inc.	Spouse Salary	NA	

Reporting Individual's Name

Robert A. Borski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	Installment Sale of 1208 Pike Street Phil, PA*	X											X	X				X									
	* See amendment letter to 1987																										
	dislosure statement for																										
	details of Pike Street																										
	property sale.																										

For additional assets and unearned income, use next page

Reporting Individual's Name
Robert A. Borski

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Robert A. Borski

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Atlantic Richfield Company		Jan 8-9 1990	Roundtrip Air fr S.F. - L.A. 1 day food, lodg, trns.	
CCNAA		Jan 9-17 1990	Roundtrip Air fr D.C. - Taipei, Taiwan; 7 days	
			food and lodging.	
Amer Assn of Railroads		Apr6-9, 1990	Roundtrip Air fr Phil-Miami, 3 days, food, trans,	
			and lodging for self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reimbursements continued on additional page. See continuation.

Continuation sheet. Disclosure for Congressman Robert A. Borski - May 15, 1991.

PART VII REIMBURSEMENTS continued.

American Council of Highway Advertisers	Nov 15 - Nov 18, 1990	Roundtrip Air fare to San Juan, Puerto Rico, 4 days food & lodging for self and spouse.

Reporting Individual's Name
Robert A. Borski

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)

Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)

Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Robert A. Borski

DATE (Month, Day, Year)
5-15-91

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 APR 17 AM 11:31
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC ⑧
(Office Use Only)

Frederick C. Boucher
(Full Name)

405 Cannon House Office Building, Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Virginia District: Ninth ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	First Virginia Bank - Damascus	Director's Fee	$1,800	
	Congressman Boucher does not accept payment for his speaking services			

For additional earned income, use next page

Reporting Individual's Name

Frederick C. Boucher

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).																										
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	Sovran Bank Checking Account		X										X						X								
	First Virginia Bank Savings Account				X								X									X					
	Crestar Bank Common Stock		X								X							X									X
	First Virginia Bank Common Stock			X							X								X								
	First Virginia Bank Preferred Stock		X								X							X									
	Individual Retirement acct. 1st VA Bank			X									X							X							

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Frederick C. Boucher

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Lot in the Town of Damascus, Virginia		X									X						X									
	BraniffAirlines Common Stock	X									X							X									

Reporting Individual's Name
Frederick C. Boucher

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Crestar Bank Common Stock		X		3-9-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Appendix 1

CONTINUATION OF PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date	Description
Capitol Cities/ABC, Inc.	Feb. 23, 1990	Round trip air transportation to N.Y City and 1 night's lodging in connection with meeting with ABC television executives
Dean Witter Reynolds Co.	Feb. 25-26, 1990	1 night's lodging in N.Y. City in connection with speech to company's executives on Financial Planners legislation
The Human Rights Project	April 6-13, 1990	Round trip air fare and 7 night's lodging in connection with fact-finding trip to Syria, Jordan and Israel
The German Marshall Fund	May 27-June 3, 1990	Round trip air fare and 7 night's lodging in connection with fact-finding trip to Germany and Hungary
Dow Chemical Company	Aug. 13-14, 1990	Round trip air fare to New Orleans and 1 night's lodging in connection with speech to company officers
State of Virginia	Nov. 19, 1990	Round trip air fare from Abingdon to Williamsburg for speech to trade conference
The University Connection	Sept. 24, 1990	Air transportation from Roanoke to Washington, D.C. following speech on Highway legislation
U.S. Telephone Association	Nov. 15-17, 1990	Round trip air transportation and 3 night's lodging for speech to legislative conference

page 2

Source	Date	Description
The Human Rights Project	July 6-9, 1990	Round trip air fare and 3 night's lodging in Mexico City for discussions with Salvadoran negotiators
David Smith for Congress	June 21, 1990	Air transportation from D.C. to Blountville, Tennessee following campaign appearance
The Human Rights Project	Dec. 6-11, 1990	Round trip air fare and 5 night's lodging in connection with Guatemalan fact-finding trip

Reporting Individual's Name
Frederick C. Boucher

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Virginia Tech University		April 24, 1990	Air transportation from Blacksburg to Washington, D.C. following speech at Virginia Tech	
Altman Brenner and Wasserman		March 20, 1990	Roundtrip air transportation to N.Y. City and evening's lodging for speech to conference	
State of Virginia		Feb. 12, 1990	Air transportation from Richmond to Blacksburg for meeting with Virginia Tech Administrators	
The Human Rights Project		Feb. 18-22, 1990	Roundtrip Air transportation and 4 days lodging during fact-finding trip to Nicaragua	
See Appendix 1				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Frederick C. Boucher

PART VIII—POSITIONS

Report the idenity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	First Virginia Bank, Damascus, Virginia
Member, Board of Directors	The Nature Conservancy of Virginia

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions.(See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Frederick C Boucher	DATE (Month, Day, Year) April 16, 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 12: 31

U.S. [illegible]ENTATIVES

HAND DELIVERED

Congresswoman Barbara Boxer
(Full Name)

307 Cannon HOB
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 6th	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Wente Brothers 1/11/90	speech	$1,000.	
	NEA (Nat'l. Edu. Assoc.) 4/5/90	"	500.	
	School of Social Welfare, Univ. of Calif. 5/13/90	"	200.	
	Amalgamated Transit Union 2/23/90	"	500.	
	Siemens Corporation 5/11/90	speech to nurses	2,000.	
	Mass. Mutual Life Ins. 5/14/90	speech	2,000.	
	Women in Emergency Medicine 9/15/90	"	2,000.	

For additional earned income, use next page

Reporting Individual's Name

Rep. Barbara Boxer

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Ralston-Purina	X									X							X									
"			Public Storage Properties	X									X								X								
"			QSR Income Properties Ltd.			X							X								X								
"			Technology Funding Partners	X											X					X									
"			Dryers Grand Ice Cream Stock			X							X							X									
"			Drexler Corp. stock	X									X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Rep. Barbara Boxer

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Genetech Corp. Stock		x								x							x									
"	Apple Computer Stock			x							x								x								
"	Massachussetts Cash Management		x										x						x								
"	MFS Managed Muni Bond Trust					x							x									x					
"	Franklin Cal. Ins. TF				x								x								x						
"	Brookhaven N.Y. MBIA Ser B				x								x								x						
"	North American Life Ins. Co.			x									x								x						
"	Compass II			x													none	x									
"	Capital Life Ins. Co.				x												none	x									
"	Source Technology Stock	x				declined in value to 0/											none	x									
s	3 EC Partnership	x				declined in value to 0/											none	x									
JT	3% interest/Barclay's Plaza 171 12th St. Oakland			x													none	x									
"	Pollock Partners/Scottsdale Investors			x													none	x									
"	U.S. Treasury note				x						x										x						
"	U.S. Treasury note				x						x										x						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Rep. Barbara Boxer

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Dean Witter/Sears Money Mkt.					x							x								x						
	Wells Fargo Bank	x									Closed bank account																
	West America Bank	x									Closed bank account																
s	Stewart Boxer Inc.																										
	(law office account/ not an investment / no value at end of year)																										
	Following are retirement accounts																										
	First Nat'l. Bank of Boston		x								x			x				x									
	First Nat.l. Bank of Boston		x								x			x				x									
	Wells Fargo Savings Accounts		x										x					x									
	Fidelity Investments		x											x				x									
s	U.S. T Bd. Fed. STRIPS			x							x							no income until maturity									
s	Liquid Asset/ Dean Witter	x									x							x									
	Resources Trust		x								x							x									
s	Resources Trust					x					x	x	x							x							
s	U.S. T Bd. Fed. STRIP/Dean Witter			x							x							no income until maturity									
s	Hallwood Realty Partners,LP		x								x							x									

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

Rep. Barbara Boxer

Assets and Unearned Income - Retirement accounts continued

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples	S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
s	Liquid Asset Acct./Dean Witter		x								x									x							
s	U.S. T Bd. Fed STRIP/Dean Witter			x							x							x									
s	IBM Stock			x							x							x									
s	MFS Government Sec. Trust			x							x										x						
s	Hallwood Realty Partners, LP		x								x							x									

For additional assets and unearned income, use next page

Reporting Individual's Name
Rep. Boxer

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Genentech common stock (150 shares)		x		6/90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE xxxx

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Rep. Barbara Boxer

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐ xxxxx

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
EMILY'S List		2/8/90	Roundtrip Air, WAshington, DC/New York City	
American Jewish Congress		3/ 24/90	Air, San Francisco/Chicago/ Washington, DC	
American Society Personnel Admin's.		3/9	Roundtrip Air, San Francisco/Los Angeles	
Aspen Institute		8/25-8/31	Air and hotel 5 days Checkoslovakia	
Cuesta College, California		10/6	Roundtrip Air, San Francisco/San Louis Obispo	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Rep. Barbara Boxer

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE xxxx

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 13, 1991

GPO: 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 13 PM 2 52

HAND DELIVERED

Bill K. Brewster
(Full Name)

1407 Longworth
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: OK District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

NC (Office Use Only) O

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Oklahoma State Legislature	Member salary	$27,334.11	
	Marietta Discount Pharmacy, Marietta, OK	Wages + Benefits	1172.43	
	Marietta Public Schools, Marietta, OK	Spouse Salary	NA	
	Pharmaceutical Manufacturers Association	Speech	$1000.	
	Lake Country Manor Nursing Home	Pharmacy Consultant	$1200.	
	Southwestern Oklahoma State University	Speech	$400.	
	Oklahoma Farm Bureau	Speech	$100.	

For additional earned income, use next page

Reporting Individual's Name
Bill K Brewster

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Houston Industries		X																X								X
			Ford Motors		X																								X
			Southern Company		X																								X
			IRA First Texas Ban Corp Savings		X																								
			First Texas Ban Corp Stock	X															None										
			First Interstate Bank Savings						X						X									X					

For additional assets and unearned income, use next page

BILL K. BREWSTER
3d District
Oklahoma

PUBLIC WORKS AND TRANSPORTATION
COMMITTEE
SUBCOMMITTEES
SURFACE TRANSPORTATION
WATER RESOURCES
INVESTIGATIONS AND
OVERSIGHT

VETERANS' AFFAIRS COMMITTEE
SUBCOMMITTEES
HOSPITALS AND HEALTH CARE
HOUSING AND MEMORIAL AFFAIRS

Congreſs of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
1407 Longworth House Office Building
Washington, DC 20515
(202) 225-4565

DISTRICT OFFICES
900 N. Mississippi, Suite B
Ada, OK 74820
(405) 436-1980

118 Carl Albert Federal Building
McAlester, OK 74501
(918) 423-5951

123 W. 7th Avenue, Suite 206
Stillwater, OK 74074
(405) 743-1400

HAND DELIVERED

√

MEMORANDUM

MC ①

[illegible] MAY 30 [illegible] 10:57

DATE: 5/29/91

MEMO TO: The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D. C. 20515

FROM: BKB Bill K. Brewster, M.C.

RE: Amendment, Financial Disclosure Statement
For Calendar Year 1990

Please correct my financial disclosure statement Parts II and III -- Assets and "Unearned" Income Sheet, Page A-2(a), to reflect the following:

Line 4, Block A, (Asset and/or Income Source), Brewster Angus Farm, Block B (Valuation of Asset), Category of Value should be checked Category F ($250,001-$500,000).

In preparing this report Category G was incorrectly checked. Brewster Angus Farm includes livestock, equipment and 500 acres of grassland. Value does not justify Category G.

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
B.ll K Brewster

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
	Durant Bank & Trust savings				X												None	X									
	Rental Property South Hwy 77 Marietta			X								X								X							
	Rental Property (Lumber Yd) Marietta Main St				X							X							X								
	Brewster Angus Farm including livestock & equipment							X									Cattle Sales				X						
	Bill Brewster For Congress			X													None	X									
	40 acres Mineral Interests Washita Co OK				X												royalties	X									

Reporting Individual's Name
Bill K Brewster

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Houston Industries	X			11-6-90	X						
	Ford Motor Co	X			11-26-90	X						
	Southern Companies	X			11-30-90	X						
	Ameri Trust	X			12-5-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank of Love County Marietta, Ok	Mortgage on 500 acre Farm				X			
	Firstbank of Marietta Marietta OK	personal loan		X					
	Exchange National Bank Ardmore	Mortgage on RE Bldg Hwy 77		X					

Reporting Individual's Name
Bill K Brewster

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Bill K Brewster

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Brewster Thoroughbred Farm

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Bill K. Brewster

DATE (Month, Day, Year) 5-13-91

GPO: 1991 37-386 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible]Y 15 [illegible] 1:30

[illegible]

HAND DELIVERED

Jack Brooks
(Full Name)

2449 Rayburn House Office Building
(Mailing Address)

Washington D.C. 20515

Filer Status ☒ Member of the U.S. House of Representatives State: Texas District: 9th ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

Mc (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	First Bank & Trust, Groves, TX	Director's Fee	$3,850.	
	First National Bank, Silsbee, TX	Director's Fee	$3,300.	
	First State Bank, Lumberton, TX	Director's Fee	$3,000.	
	First Bank & Trust, Groves, TX	SPOUSE Salary & Director Fee	NA	
	First National Bank, Silsbee, TX	SPOUSE Director Fee	NA	
	First State Bank, Lumberton, TX	SPOUSE Salary & Director Fee	NA	
	Credit Life Insurance, Groves, TX	SPOUSE Commissions	NA	

For additional earned income, use next page

Reporting Individual's Name

Jack Brooks

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This in optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			First of Groves Corp.,Groves,TX:stock								X		X														X		
			First National Bank,Silsbee,TX: stock								X									X									
			First State Bank,Lumberton,TX: stock						X				X											X					X
			W.F.Brooks Estate,Inc.Crowley,LA:stock		X								X										X						
			First Bank&Trust,Groves,TX: accounts					X							X									X					
			First National Bank,Silsbee,TX:accounts					X							X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Jack Brooks

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	First State Bank,Lumberton,TX:account			X									X							X							
	Hamilton Associates,NY,NY.Ltd.Pntnrship real estate:office complex,Peapack,NJ				X												LTD Distribution			X							
	Corley Freeway,LTD Partnership,real estate:28 acrs,Corley Ave.,Beaumont,TX.			X														X									
	Jasper Inn,LTD,Partnership,Real estate: 5 acrs,motel/restrnt Hwy190&96 JasperTX				X												LTD Distribution					X					X
	JBS Associates,Inc.;one-third interest land: .962 acre tract,W.Parkwy.GrovesTX			X														X									
	Neches Building Corp., Silsbee,TX. 100% interest.Assets listed below:																										
	Neches Building Corp. asset: 100 acres, Kountze, TX				X													X									
	Neches Building Corp. asset: 3.139 acres, Nederland, TX					X												X									
	Neches Building Corp. asset: Condominium:Woodbrook,College StationTX			X								X										X					
	Neches Building Corp. asset: Account, First Natl.Bank,Silsbee, TX		X										X						X								
	Jerry Rawls mortgage note. Real estate: McQueen Park Subdivision,Jasper,TX			X														X									
	Mineral rights, 160 acres, Jefferson County, TX (.0102 interest)		X															X									
	18 acres land, Jasper County, TX			X										X								X					X
	106.9 acres land, Polk County, TX				X													X									
	117.4 acres land, Jefferson County, TX				X													X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Jack Brooks

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	13.12 acres land, Orange County, TX			X														X									
	40 acres land, Newton County, TX			X														X									
	3/4 acre land, San Augustine County,TX		X															X									
	House, Barn and 262.2 acres land, Jasper County, TX						X											X									
	Cabin and 16 acres land, Loudoun County, VA					X												X									
S	SPOUSE Groves Employee Savings Plan				X													X									
S	SPOUSE First Bank&Trust Groves Retirement Plan				X													X									
DC	Jack Edward Brooks Trust, Tyler, TX Assets:First of Groves stock,CDs,cash					X											Trust Distribution			X							
DC	Katherine Inez Brooks Trust, Tyler, TX Assets:First of Groves stock,CDs,cash					X												X									
DC	Kimberly Grace Brooks Trust, Tyler, TX Assets:First of Groves stock,CDs,cash					X												X									
DC	Wilson Grandchildren Trust, Fort Worth, TX. Assets: CDs & cash			X													Trust Distribution					X					

Reporting Individual's Name

Jack Brooks

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	First State Bank, Lumberton, TX: stock	X			four transactions	X						
	Jasper County, 18 acre holding. Sold timber on 10 acre tract.		X		8/24/90		X					
	Transaction of Jasper Inn LTD. Purchase by Partnership of interest of other partners increased my interest in Jasper Inn LTD.	X			8/8/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First City, TX-Beaumont	Investment loans				X			
	First National Bank, Silsbee, TX	Investment loan. PAID 7/90				X			

Reporting Individual's Name
Jack Brooks

PART VI–TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Jack Brooks

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	First of Groves Corporation, Groves, TX
Director	First Bank & Trust, Groves, TX
Director	First National Bank, Silsbee, TX

Continued on A-5a

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)**

GPO 1981 37-388 (m)

Reporting Individual's Name

Jack Brooks

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	First State Bank, Lumberton, TX
Vice-President	JBS Associates, Inc., Groves, TX

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 14, 1991

GPO 1991 27-388

Financial Disclosure A-5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 13 [illegible] 9 38

HAND DELIVERED

William S. Broomfield
(Full Name)

9910 East Bexhill Drive, Kensington, Maryland 20895
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Michigan — District: 18	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 17

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

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Reporting Individual's Name
William S. Broomfield, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT	GEORGIA POWER BONDS				X									X							X							
JT	DETROIT EDISON BOND			X										X						X								
JT	SO CAL EDISON BOND			X										X						X								
JT	ROYAL OAK MICH. MUNICIPAL BOND			X										X						X								
JT	U. S. SAVINGS BONDS			X										X					X									
JT	U.S. TREASURY NOTES AND BILLS						X							X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

William S. Broomfield, M.C.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	AMERICAN AIRLINES		X															X									
JT	AT&T		X								X							X									
JT	CITIZEN BANCORP		X								X								X								
JT	CONTEL		X								X								X								
JT	EASTERN AIRLINES		X								X								X								
JT	EXXON			X							X								X								
JT	MERRILL LYNCH READY ASSETS		X								X								X								
JT	M.C.I.				X						X								X								
JT	NEVADA POWER		X								X								X								
JT	NORFOLK SOUTHERN			X							X									X							
JT	POTOMAC ELECTRIC		X								X								X								
JT	SO CAL EDISON CORPORATION		X								X								X								
JT	SEARS ROEBUCK AND COMPANY		X								X								X								
JT	NORTHWESTERN NATIONAL LIFE		X								X								X								X
JT	CONGRESSIONAL CREDIT UNION		X										X						X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

William S. Broomfield, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	—
JT	CHEVY CHASE SAVING BANK ACCOUNTS MARYLAND		X										X									X					
JT	CITIZEN BANK ACCOUNTS OF MARYLAND INCLUDING IRA ACCOUNT				X								X							X							
JT	WELLINGTON FUND (VANGUARD)		X								X							X									X
JT	50% interest in unimproved lot #22 North Matanzas, St. John's Co. Florida				X																						
JT	W.C.I. HOLDING CORP.	X									X							X									
JT	G.M. (H) STOCK	X									X							X									

Reporting Individual's Name

William S. Broomfield, M.C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
JT	Northwestern National Life Insurance Co. (Common Stock)	X			4-27-90	X						
JT	Wellington Fund (Vanguard)		X		5-21-90	X						
JT	Sold Lot #79 Golf Hammock, Sebring, Florida (unimproved)		X		5-25-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Home Saving Bank, Florida	Mortgage paid off 6-8-90 on Lot #79 Golf Hammock, Sebring, Florida (unimproved)	X						

Reporting Individual's Name
William S. Broomfield, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors Corporation	"Civil War" documentary videotapes	
	(Tapes are kept in Members Washington office)	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NATIONAL RESTAURANT ASSOCIATION		May 18-20 90	Roundtrip from Wash. D. C. to Chicago, Illinois	
			Food and Lodging for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

)

Reporting Individual's Name

William S. Broomfield, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
William S. Broomfield

DATE (Month, Day, Year)
5/13/91

GPO: 1991 27-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 2 28
U.S. [illegible]

John GLEN Browder
(Full Name)

1221 LONGWORTH HOB
WASHINGTON D.C. 20515
(Mailing Address)

HAND DELIVERED

Filer Status	☒ Member of the U.S. House of Representatives — State: ALABAMA District: 3RD	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☑

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
John Glen Browder

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples:	S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	U.S. TREASURIES (ZERO-COUPON) INT. ACCRUES		X										X							X							
	AmSouth BANK OF ALABAMA (CD)	X											X					X									
	SOUTHTRUST BANK OF ALABAMA	X											X					X									
	STRONG MONEYMARKET FUND	X									X									X							
	BALDWIN, CTY EASTERN SHORE NAT BANK		X										X					X									
	WRIGHT PATMAN CONGRESSIONAL CR. UNI				X								X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

JOHN GLEN Browder

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	STATE OF ALABAMA MUNICIPAL BONDS		X										X						X								
	Teachers Retirement FUND TIAA NewYork, NY				X						X		X	X							X						
	Teachers Retirement System STATE OF ALABAMA Montgomery, AL			X									X						X								
S	Fidelity Capital Appreciation Fidelity Investments – IRA		X											X				X									
	Signet BANK McLean, VA			X									X						X								

Reporting Individual's Name

JOHN GLEN BRAUDER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	STRONG money market Fund (This is just like A savings type acct.)		X		3-90		X					

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
John Glen Browder

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☑

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☑

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John Glen Browder

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☑

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
Year By Year	SELF AND BOARD OF TRUSTEES, JACKSONVILLE STATE UNIVERSITY, JACKSONVILLE, AL. 36265	Leave without Pay OR Benefits

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL
John Glen Browder

DATE (Month, Day, Year)
5-15-91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] JUL -9 AM 11:34
[illegible]

HAND DELIVERED

GEORGE E. BROWN, JR.
(Full Name)

2300 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 36	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC ⑦
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Soybean ASsoc., St. Louis, MO. (1/23/90)	Speech	250.00	
	Brookings Inst., Wash., DC (1/29/90)	Speech	500.00	
	Industrial Biotech. Assoc. Wash., DC (1/30/90	Speech	500.00	
	Cncl for Adv. & Supt. of Educ. Wash. DC (1/31/90)	Speech	250.00	
	Cal. Polytech, Sacramento, CA (2/22/90)	Speech	2000.00	
	Brookings Inst., Wash., DC (3/11/90)	Speech	500.00	
	American Cyanimid, Wayne, NJ (3/12/90)	Speech	2000.00	
	TRW, Arlington, VA (3/12/90)	Speech	2000.00	
	Nat'l Council Farmers Coop, Wash., DC (4/2/90)	Speech	1000.00	
	Council Science Society Pres., Wash., DC (5/9/90)	Speech	250.00	

For additional earned income, use next page

Reporting Individual's Name
GEORGE E. BROWN, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Friends of Ag Research, Beltsville, MD (5/17/90)	Speech	500.00	
VA Polytech Inst., Blacksburg, VA (6/9/90)	Speech	2000.00	
Brookings Instite, Wash., DC (6/13/90)	Speech	400.00	
Insurance Inform. Institute, New York, NY (6/14/90)	Speech	1000.00	
Brookings Institute, Wash., DC (7/10/90)	Speech	400.00	
Northrup, Los Angeles, CA (12/20/90)	Speech	2000.00	
State of California	Retirement Annuity	5532.00	
U.S. Government	Spouse's Salary	34000.00	
U.S. Government	Social Security Ret.	6093.00	

Financial Disclosure A-1(a)

Reporting Individual's Name
GEORGE E. BROWN, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Unimproved Lots #A,B,D, 11, 12, 13, 18, 19, 20, 21, 24, 28																										
			Tract #339, City of Los Angeles					X								X										X			X SOLD
			Unimproved Lot 8, Tract 339	X																									
			Single Family Residence				X							X		X					X					X			X SOLD
			3219 Kenneth Dr., Los Angeles,CA																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

GEORGE E. BROWN, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						—	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Trust Deed - Note					X							X									X					X Purch.
	Congressional Federal Credit Union																										
	Savings Account	X											X					X									
	General Motors Stock - 2 Shares	X									X							X									
S	Single Family REsidence				X							X									X						
	2695 W. Spruce, San Bernardino																										
S	Single Family Residence		X									X						X									
	2350 N. Osbun Rd., San Bernardino																										

Financial Disclosure A-2(a)

Reporting Individual's Name

GEORGE E. BROWN, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Unimproved Lots #A,B,D, 11, 12, 13, 18, 19, 20, 21, 24,											
	28, Tract 339, City of Los Angeles		X		Oct. 1990				X			
	Single family residence, 3219 Kenneth Dr. Los Angeles, CA		X		Oct. 1990			X				
	Trust Deed - Note	X			Oct. 1990				X			

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Violet Bliss, Los Angeles, CA	Mortgage on 3219 Kenneth Dr.		X					
	Paid Off Oct. 1990	Los Angeles, CA							
S	Merabank, Phoenix, AZ	Mortgage on 2695 W. Spruce		X					
		San Bernardino, CA							

Reporting Individual's Name
GEORGE E. BROWN, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
TRW, Arlington, VA —		3/28/90	Roundtrip air from Wash., DC - LA - DC	1676.40
VPI, Blacksburg, VA		6/9/90	Roundtrip air from Wash., DC - Roanoke - DC	342.40
Lockheed-Ames, Sunnyvale, CA		10/3/90	Roundtrip air from Ontario, CA - Cabassas - Ont	375.90

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

GEORGE E. BROWN, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: George E. Brown Jr

DATE (Month, Day, Year): July 9, 1991

GPO: 1991 37-086

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 5:13
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

TERRY L. BRUCE
(Full Name)

P. O. Box 206, 423 S. Elliott Street
Olney, Illinois 62450
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Illinois District: 19th ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

mc (Office Use Only) (9)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Pipe Line Dinner Group (2/20/90)	Honorarium	1,000.00	
	National Agricultural Chemicals Association (2/16/90)	Honorarium	1,000.00	
	Health Industry Manufacturers Association (3/1/90)	Honorarium	1,000.00	
	Carpet & Rug Institute, Inc. (3/8/90	Honorarium	2,000.00	
	Fertilizer Institute (4/17/90)	Honorarium	2,000.00	
	Motor Equipment Manufacturers Automotive President's Council (4/18/90)	Honorarium	1,500.00	
	R. Duffy Wall & Associates (4/18/90)	Honorarium	1,500.00	
	Soap and Detergent Association (5/16/90)	Honorarium	2,000.00	
	Smokeless Tobacco Council, Inc. (5/23/90	Honorarium	1,000.00	

For additional earned income, use next page

Reporting Individual's Name
TERRY L. BRUCE

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Snack Food Association (6/20/90)	Honorarium	1,200.00	
Air Conditioning and Refrigeration Institute (6/21/90)	Honorarium	1,500.00	
Non Prescription Drug Manufacturers Association (6/21/90)	Honorarium	1,000.00	
Chocolate Manufacturers Association of USA American Cocoa Research Institute (6/27/90)	Honorarium	750.00	
National Confectioners Association of U.S., Inc. (6/27/90)	Honorarium	750.00	
Halogenated Solvents Industry Alliance (7/9/90)	Honorarium	2,000.00	
American Frozen Food Institute (7/12/90)	Honorarium	500.00	
Grocery Manufacturers of America, Inc. (7/18/90)	Honorarium	1,000.00	
RJR Nabisco Washington, Inc. (9/26/90)	Honorarium	2,000.00	
East Richland School District	Spouse Salary	N.A.	
Computer Services	Spouse fees	N.A.	

Reporting Individual's Name

TERRY L. BRUCE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	Examples: George Wash. Credit Union Accounts			X									X								X						
	Examples: 182 Main Street, Dover, Delaware				X							X								X							
	Farmland - 40 acres Richland County, Illinois			X								X								X							
	International Telephone and Telegraph - stock		X								X							X									
	Flora Bank and Trust - stock		X								X							X									
	Andalusia Community Bank stock		X								X							X									
	Bank of Kenney stock		X								X							X									
	First Federal Savings & Loan	X											X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

TERRY L. BRUCE

BLOCK A		BLOCK B									BLOCK C																BLOCK D
Asset and/or Income Source		Valuation of Asset									Income																
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Lincoln Savings & Loan	X											X					X									
	Olney Savings & Loan		X								X							X									
	First of America(Formerly Germania Fed.)		X										X					X									
	Kemper Money Market Fund--tax exempt		X								X								X								X
	Kemper Money Market Fund Money Market (#1)			X							X										X						X
	Kemper Money Market Fund Money Market (#2)		X								X								X								
	Kemper Money Market Fund Money Market (#3)		X								X								X								
	Illinois General Assembly Retirement System			X														X									
	Illinois State Teachers Retirement System		X															X									
	Illinois State University Retirement System		X															X									
	Farm Equipment		X															X									
	Twentieth Century Investors	X																X									
	Twentieth Century Investors		X															X									
	Bank of Mt. Carmel		X															X									
	Bank of Mt. Carmel		X															X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

TERRY L. BRUCE

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Fidelity Magellan		X															X									
	IBM Computer, Printer, Software		X															X									
	Dominion Resources - Stock		X								X							X									
	Federated Money Market Fund - Security Bank Keogh		X								X								X								X
	Old National Bancorp(previously SBT Bancorp)Stock Security Bank Keogh		X								X							X									
	Mt. Carmel Public Utility Stock Security Bank Keogh		X								X								X								
	State Employees Credit Union-previously listed was below reporting limits																										
	Norris Electric Coop Stock-previously listed was below reporting limits																										
	U.S. savings bonds-previously listed was below reporting limits																										

TERRY L. BRUCE

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Kemper Money Market Fund - Tax Exempt	X			3-27-90	X						
	Kemper Money Market Fund - Tax Exempt	X			4-17-90	X						
	Kemper Money Market Fund - Tax Exempt		X		4-17-90	X						
	Kemper Money Market Fund - Tax Exempt	X			4-26-90	X						
	Kemper Money Market Fund - Tax Exempt	X			5-30-90	X						
	Kemper Money Market Fund - Tax Exempt	X			6-12-90	X						
	Kemper Money Market Fund - Tax Exempt	X			6-19-90	X						
	Kemper Money Market Fund - Tax Exempt	X			7-10-90	X						
	Kemper Money Market Fund - Tax Exempt	X			10-04-90	X						
	Kemper Money Market Fund - Tax Exempt	X			11-09-90	X						
	Kemper Money Market Fund - Tax Exempt		X		11-23-90	X						
	Kemper Money Market Fund Money Market (#1)	X			1-30-90	X						
	Kemper Money Market Fund Money Market (#1)		X		5-02-90	X						
	Kemper Money Market Fund Money Market (#1)	X			5-09-90	X						
	Federated Money Market Fund--Security Bank Keogh	X			4-17-90	X						

Reporting Individual's Name

TERRY L. BRUCE

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

Reporting Individual's Name -
TERRY L. BRUCE

PART VI–TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors	The Civil War - 9 VHS Tapes	$120.00

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☒

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NONE			

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
TERRY L. BRUCE

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Associate	Shumaker and Bruce - Attorney at Law
Trustee (w/o compensation)	for Louise Davisson--Grandmother of my wife
Director (w/o compensation)	Institute for Illinois
Director (w/o compensation)	Illinois Eastern Community Colleges, International Institute for Continuing Education, Technical Education and Research

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
January 1971	General Assembly Retirement System, State of Illinois (no current contribution)	Pension, Disability and Death Benefits (upon retirement--no current payments)

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6,-§101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Terry L. Bruce	MAY 15, 1991

GPO 1991 37-[illegible] (m)

CONTINUATION JOHN W. BRYANT

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggre by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)
New England Cable Television Assn.	April 8-9-10,1990	3 days lodging in Boston, MA. & food for self & spouse (*)
National Cable Television Assn.	May 20,1990	Air fare Washington D.C. to Atlanta, Ga., Atlanta, Ga. to Dallas, TX. for self (*)
National Federation of Indian American Associations	Aug. 31 - Sept.1,1990	Air fare Dallas, TX. to San Jose Calif. , San Jos Calif. to Wash.D.C. 1 day lodging&food for self(S
American Association of Managing General Agents	Nov. 10 - 11, 1990	Roundtrip air fare Wash. D. C. to Phoenix, Arizon 1 day lodging & food for self (P)
United States Telephone Association	Nov. 15 - 16, 1990	Air fare Washington, D.C. to Fort Myers, Fla., Fo Myers,Fla to Dallas, TX.1 day lodging&food for se (*)
National Education Association	Nov. 29 - 30, 1990	Roundtrip air fare Wash. D.C. to Phoenix, Arizona one day lodging & food for self (S)
Pfizer Inc.	Dec. 19, 1990	Roundtrip air fare Wash. D.C., Boston, MA. & food for self - returned same day to visit plant

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

* - Roundtable Participant
S - Speech
P - Panel Participant

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 5:25
U.S. [illegible]

HAND DELIVERED

JOHN W. BRYANT
(Full Name)

208 Cannon House Office Building
Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Texas District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Mc (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
National Cable Television Association Jan. 23, 1990	Honorarium (Roundtable Participant)	$1,500	
National Association of Broadcasters Jan. 24, 1990	Honorarium (Roundtable Participant)	$2,000	
United States Telephone Association Jan. 25, 1990	Honorarium (Roundtable Participant)	$1,000	
The Washington Campus, Inc. Feb. 2, 1990	Honorarium (Speech)	$500	
Electronic Data Systems Corporation Feb. 2, 1990	Honorarium (Speech)	$500	
American College of Emergency Physicians Feb. 8, 1990	Honorarium (Speech)	$1,000	
Graphic Communications International Union March 5, 1990	Honorarium (Speech)	$1,000	
Chemical Specialties Manufacturers Asso. Inc. March 19, 1990	Honorarium (Speech)	$500	
Telecommunications Industry Association March 29, 1990	Honorarium (Speech)	$1,000	
West Publishing Company April 6, 1990	Honorarium (Speech)	$2,000	

For additional earned income, use next page

Reporting Individual's Name
JOHN W. BRYANT

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
New England Cable Television Association April 9, 1990	Honorarium (Roundtable Participant)	$700	
National Association of Broadcasters April 16, 1990	Honorarium (Panel Participant)	$2,000	
The Tobacco Institute April 27, 1990	Honorarium (Panel Participant)	$2,000	X
The Whalen Company, Inc. May 30, 1990	Honorarium (Speech)	$1,000	
Institute of Scrap Recycling Industries, Inc. June 4, 1990	Honorarium (Speech)	$1,000	
National Cable Television June 13, 1990	Honorarium (Roundtable Participant)	$1,500	
Assn. of Independent Television Stations, Inc. June 29, 1990	Honorarium (Roundtable Participant)	$500	
Smokeless Tobacco Council, Inc. August 16, 1990	Honorarium (Speech)	$1,000	
National Federation of Indian American Assn. Sept. 16, 1990	Honorarium (Speech)	$2,000	
American Horse Council, Inc. October 19, 1990	Honorarium (Speech)	$1,000	
American Assn. of Managing General Agents Nov. 11, 1990	Honorarium (Panel Participant)	$1,000	
United States Telephone Association Nov. 29, 1990	Honorarium (Roundtable Participant)	$1,000	
Chicago Mercantile Exchange December 7, 1990	Honorarium (Roundtable Participant)	$400	
Board of Trade of the City of Chicago December 7, 1990	Honorarium (Roundtable Participant)	$750	
National Education Association December 19, 1990	Honorarium (Speech)	$2,000	
Pfizer, Inc. December 21, 1990	Honorarium	$1,000	X

Reporting Individual's Name

JOHN W. BRYANT

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S. DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Oil Creek Drilling Company, Venango County, PA. Farmout Joint Venture	X																									
	Bruner Oil and Gas/Hanson Flood-Olmsted Joint Venture	X																									
	5%of equity interest in the Douglas and Chamberlain Corp.whose assets consisted of contributions from th shareholders. The sole purpose of the Corporation was to purchase one piece of real property, Pierre Island, Behamas			X														X									
	IRA Vanguard Starfund		X								X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name

JOHN W. BRYANT

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Oil Creek Drilling Company, Venango County, PA	Business (Status in question)			X				
	Bruner Oil and Gas/Hanson Flood Olmstead Joint Venture	Business (Status in question)		X					
	Wright Patman Congressional Credit Union, Wash.D.C	Personal		X					
	Eastpark National Bank, Dallas, TX	Personal	X						

Reporting Individual's Name
JOHN W. BRYANT

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)	
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch		
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse		
National Association of Broadcasters	January 11-13 1990	One-way air fare from Wash. D.C. to Palm Springs, Calif., from Palm Springs to L.A. Calif. 2 days lodging & food for self & spouse		(*)
National Cable Television Association	January 13-14 1990	One-way air fare from L.A. Calif. to Wash. D.C., one day lodging & food & cab for self & spouse		(*)
American College of Emergency Physicians	January 28-29 1990	Roundtrip Air fare from Washington D.C. to Dallas, TX. for self		(S)
National Association of Broadcasters	April 1-2 1990	Air fare from Dallas, Tx to Atlanta, Ga., Atlanta, Ga. to Wash. D.C. 1 day lodging & food for self		(P)
West Publishing Company	April 6, 1990	Roundtrip air fare Wash. D. C. to Houston, Tx.		(S)

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

* - Roundtable participant
S - Speech
P - Panel participant

Reporting Individual's Name
JOHN W. BRYANT

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John W. Bryant	**DATE (Month, Day, Year)** May 15, 1991

1990

Philip Morris Management Corporation	$ 1,000.00	
Northern Kentucky Interfaith Commission		$ 10.00
Fraternal Order of Police		100.00
Kiwanis Club of Kentucky		20.00
Senior Citizens East		50.00
Campbell Lodge Home For Boys		250.00
Kentucky Art and Craft		100.00
		$ 530.00
American Bankers Association	2,000.00	
Northern Kentucky University Foundation		$ 800.00
Jim Hawkins Productions, Inc.	5,000.00	
St. Cecilia Church		$1,000.00
St. Catherine of Siena		1,000.00
St. Francis of Assisi		1,000.00
		$3,000.00
Philip Morris Management Corporation	1,000.00	
Notre Dame Academy		$ 250.00
United States Telephone Association	1,000.00	
St. Catherine of Siena		$1,000.00
Daniel D. Dell, Sr., Inc.	1,000.00	
Brighton Center Guild		$ 10.00
Guardian Guild		25.00
Thomas More College		10.00
Fine Arts Fund		50.00
Kentuckiana Rescue		50.00
Notre Dame Academy		10.00
St. Cecelia		30.00
Kishmee Grotto		20.00
St. Elizabeth Hospital		250.00
Ft. Thomas Lions Club		60.00
		$ 515.00

Ashland Oil, Inc.	2,000.00	
Run for the Arts		$ 5.00
St. Luke Hospital Auxiliary		10.00
Sisters of Notre Dame		10.00
Bishop Mallory Council		50.00
Redwood School		100.00
Xavier University		100.00
Vietnam Veterans of America		20.00
St. Catherine of Siena		100.00
St. Luke Hospital		8.00
St. Catherine of Siena		50.00
Thomas More College		25.00
Newport Catholic Church		50.00
Campbell Lodge		250.00
		$ 778.00
The Tobacco Institute	1,000.00	
Kentucky Arts and Crafts		$ 100.00
St. Catherine of Siena		22.00
St. Rita School for the Deaf		10.00
Knights of Columbus		30.00
Xavier University		100.00
		$ 262.00
U.S. Tobacco Company	2,000.00	
St. Catherine of Siena		$1,000.00
Armco, Inc.	1,000.00	
Senior Citizens East		$ 50.00
Kids Helping Kids		100.00
United Way		100.00
		$ 250.00
U.S. Telephone Association	1,000.00	
Xavier University		$ 100.00
Kentucky Center for Public Issues		100.00
Kiwanis Club		20.00
St. Augustine		10.00
		$ 230.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -2 AM 10:25
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jim Bunning
(Full Name)

4 Fairway Drive
Southgate, Kentucky 41071-3022
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Kentucky District: 4th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Philip Morris Management Corporation (1/30/90)	Honorarium	$ 1,000.00	X-$ 530.00
	American Bankers Association (2/19/90)	Honorarium	2,000.00	X-$ 800.00
	The New England (2/27/90)	Honorarium	2,000.00	
	Jim Hawkins Productions, Inc. (3/11/90)	Baseball Appearance	5,000.00	X-$3,000.00
	Northern Kentucky Association of Bank Women (3/19/90)	Honorarium	25.00	
	Philip Morris Management Corporation (4/6/90)	Honorarium	1,000.00	X-$ 250.00
	Park Federal Credit Union (4/19/90)	Honorarium	300.00	
	United States Telephone Association (4/27/90)	Honorarium	1,000.00	X-$1,000.00
	Daniel D. Dell, Sr., Inc. (5/11/90)	Honorarium	1,000.00	X-$ 515.00
	Williamstown High School (5/18/90)	Honorarium	100.00	

For additional earned income, use next page

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Reporting Individual's Name
Jim Bunning

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Ashland Oil, Inc. (8/31/90)	Honorarium	2,000.00	X-$ 778.00
The Tobacco Institute (9/17/90)	Honorarium	1,000.00	X-$ 262.00
U.S. Tobacco Company (10/10/90)	Honorarium	2,000.00	X-$1,000.00
Armco, Inc. (10/16/90)	Honorarium	1,000.00	X-$ 250.00
U.S. Telephone Association (11/16/90)	Honorarium	1,000.00	X-$ 230.00

Reporting Individual's Name
Jim Bunning

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT / Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Equitable Life Assurance Co.							X		Pension													X				
	Jim Bunning Agency (Stock)				X						X									X							
	C. B. Data (Partnership)			X								X							X								
	1200 Tarpon Woods Blvd., Unit S5				X							X								X							
	Moore Owen Thomas (Marine Equipment)				X							X											X				
	Fidelity Equity Income Fund			X													None										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Jim Bunning

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Host Communication Stock (2500)						X										None										
	Star Bank C.D.				X								X								X						

Reporting Individual's Name

Jim Bunning

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Star Bank, N.A. Campbell County, Kentucky	Mortgage on 1200 Tarpon Woods Blvd., S5, Palm Harbor, Fla.			X				
	Premium Capitol (Moore Owen Thomas)	Mortgage - Marine Equipment			X				

Reporting Individual's Name
Jim Bunning

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chinese National Association of Industry and Commerce		1/9-15/ 1990	Airfare, D.C./Taiwan/Cincinnati, 5 days food and lodging, self and spouse	
Northern Kentucky Cahmber of Commerce Forum		2/9/90	Round trip airfare, D.C./Cincinnati/D.C.	
Louisville Chamber of Commerce Forum		2/26/90	Round trip airfare, D.C./Louisville/D.C.	
American Bankers Association		2/19-20/ 1990	Airfare, Cincinnati/Phoenix/D. C., 1 day food and lodging	
The New England		2/26-28/ 1990	Airfare, Cincinnati/Fort Lauderdale/D.C., 2 nights food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

(Continuation Sheet)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Northern Kentucky Chamber of Commerce Forum	Mar. 9, 1990	Round Trip airfare, D.C./Cincinnati/D.C.	
Jim Hawkins Productions, Inc.	Mar. 11, 1990	Airfare, Cincinnati/Detroit/D.C.	
Louisville Chamber of Commerce Forum	Apr. 6, 1990	Round trip airfare, D.C./Louisville/D.C.	
United States Telephone Association	Apr. 26-28, 1990	Airfare, D.C.,/Phoenix/Cincinnati, 2 nights food and lodging, self and spouse	
Northern Kentucky Chamber of Commerce Forum	May 11, 1990	Round trip airfare, D.C./Cincinnati/D.C.	
Louisville Chamber of Commerce Forum	Jun. 15, 1990	Round trip airfare, D.C./Louisville/D.C.	
American Heart Association of Wisconsin	Jul. 14-17, 1990	One-way airfare, Milwaukee/D.C., 3 nights food and lodging, self and spouse	
Northern Kentucky Chamber of Commerce Forum	Jul. 20, 1990	Round trip airfare, D.C./Cincinnati/D.C.	
Louisville Chamber of Commerce Forum	Aug. 17, 1990	Round trip airfare, D.C./Louisville/D.C.	
Danny Thompson Leukemia Foundation	Aug. 22-26, 1990	Round trip airfare, Cincinnati/Sun Valley, Idaho/Cincinnati, 4 nights food and lodging, self & spouse	
Ashland Oil, Inc.	Aug. 31, 1990	Round trip airfare, Cincinnati/Minnesota/Cincinnati, 1 night food and lodging	
Host Communications, Inc.	Sep. 4-7, 1990	3 nights food and lodging	
Northern Kentucky Chamber of Commerce Forum	Nov. 9, 1990	Round trip airfare, D.C./Cincinnati/D.C.	
U.S. Telephone Association Leadership Roundtable	Nov. 15-17, 1990	3 nights food and lodging, self and spouse	
The Congressional Institute	Nov. 30 - Dec. 2, 1990	2 nights food and lodging, self and spouse	
Louisville Chamber of Commerce Forum	Dec. 14, 1990	Round trip airfare, D.C./Louisville/D.C.	

Reporting Individual's Name
Jim Bunning

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Jim Bunning Agency, Inc. - Non Compensated
Partner	C. B. Data

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Bunning	May 1, 1991

GPO 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 2 59

[illegible]

HAND DELIVERED

Danny L. Burton
(Full Name)

12141 East 79th Street
Indianapolis, Indiana 46236
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Indiana District: 6	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Dan Burton Agency--Spouse	Commissions	N/A	
	General Atomics (1-15-90)	Honoraria	$1,000	
	Los Angeles Times Mirror (4-90)	Honoraria	250	
	Indianapolis Star (4-90)	Honoraria	40	
	Evans Group (5-16-90)	Honoraria	2,000	
	Ed van Kloberg & Assoc. (5-31-90 $1000) (10-24-90 $1000) (12-5-90 $2000)	Honoraria	4,000	
	Pfizer, Inc. (8-10-90)	Honoraria	1,000	
	Ashland Oil (8-31-90)	Honoraria	2,000	
	Owens Corning (9-14-90)	Honoraria	1,000	
	Heritage Group (10-26 & 27-90)	Honoraria	2,000	

For additional earned income, use next page

Reporting Individual's Name
Danny L. Burton

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Chicago Board of Trade (10-29-90)	Honoraria	$ 750	
Mercantile Exchange (10-29-90)	Honoraria	750	
AZOLCA/Wayne Bishop Firm (11-29-90)	Honoraria	2,000	
The New England (12-14-90)	Honoraria	2,000	

Reporting Individual's Name
Danny L. Burton

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Agnico Eagle Mines Ltd.		X								X							X									
	Natl. Municipal Trust Ins. #11		X										X						X								
	Nuveen Municipal Market Op. Fund		X										X						X								X
	CD-Oaktree S & L, New Orleans, LA		X										X						X								
	National Government Fund			X							X								X								
	CD-Franklin S & L, Ottawa, KS			X									X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Danny L. Burton

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CD-Ponce Fed., Puerto Rico			X									X						X								
	CD-Western S & L, Marina De Rey			X									X						X								
	CD-Home Owners, Burlington, MA			X									X						X								
DC	National Government Fund			X							X								X								
DC	CD-Franklin S & L, Ottawa, KS		X										X						X								
DC	CD-Ponce Fed., Puerto Rico		X										X						X								
DC	CD-Western S & L, Marina De Rey		X										X						X								
	IRA:																										
	Thomson U. S. Govt. Fund		X								X							X									
	National Govt. Fund			X							X								X								
	CD-Western S & L, Marina De Rey			X									X						X								
	CD-Home Owners, Burlington, MA			X									X						X								
S	Thomson U. S. Govt. Fund		X								X							X									
	See attached schedule																										

PARTS II AND III - ASSETS AND "UNEARNED" INCOME

	Asset and/or Income Source	Valuation of Asset								Income															
		Category of Value								Type of Income							Category of Amount of Income								
		A	B	C	D	E	F	G	H	Div	Rnt	Int	CG	ET	QBT	Other Income (Specify Type)	I	II	III	IV	V	VI	VII	VIII	IX
	IRA (con't):																								
S	National Government Fund			X						X								X							
S	CD-Western S & L, Marina De Rey			X								X						X							
S	CD-Home Owners, Burlington, MA			X								X						X							
	KEOGH:																								
S	National Government Fund		X							X							X								
S	CD-Franklin S & L, Ottawa, KS		X									X						X							
S	CD-Ponce Federal, Puerto Rico		X									X						X							
S	CD-Western S & L, Marina De Rey		X									X						X							
	National Government Fund		X							X							X								
	Equitable Life Assurance											X						X							
S	New York Life Insurance Co.											X					X								
	Dan Burton Agency				X											No Income Derived									
JT	Laurel County, KY land (20 acres)			X												No Income Derived									
JT	Brown County, IN land (2 acres)	X														No Income Derived									
JT	Burton Ranch, Farmland (48 acres)					X					X								X						

Reporting Individual's Name

Danny L. Burton

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Nuveen Mun. Mkt OP./FD.	X			3-22-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Danny L. Burton

PART VI–TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Bob Hope Classic Charity Golf Tournament-Celebrity (Jan 17-21)	Golf Clothing & Accessories	$200
Kemper Open Golf Tournament-Celebrity (May 29-30)	Golf Clothing & Accessories	$195
Youthlinks Golf Tournament-Celebrity (Jun 24-25)	Golf Clothing & Accessories	$169
Mazda LPGA Golf Tournament-Celebrity (July 25)	Golf Clothing & Accessories	$142
See attached schedule		

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Defense Council Fdn.		Feb 11-12, 1990	Roundtrip air travel from Wash. D.C. to Peru & food & lodging	
CCNAA		May 17-21, 1990	Roundtrip air travel from Wash. D.C. to Taiwan & food & lodging	
Owens Corning		Sept 14, 1990	Roundtrip air travel from Wash. D.C. to Jackson Hole, Wyoming & food & lodging	
Chicago Board of Trade/ Mercantile Exchange		Oct 29, 1990	Roundtrip air travel from Wash. D.C. to Chicago	
See attached schedule				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VI - TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Source	Gift	Amount
Danny Thompson Memorial Golf Tournament-Celebrity (Aug 22-25)	Golf Clothing & Accessories	$170
GTE Golf Tournament-Celebrity (Aug 29)	Golf Clothing & Accessories	$193
ACLI Golf Tournament-Celebrity (Sep 17)	Golf Clothing & Accessories	$120

Danny L. Burton

SUBSCHEDULE PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date	Brief Description	Gift
AZOLCA/Bishop-Cook-Purcell & Reynolds	Nov 29-Dec 1, 1990	Roundtrip air travel from Wash. D.C. to Venezuela, and lodging	
New England Company	Dec 13-14, 1990	Roundtrip air travel from Wash. D.C. to Boston, and lodging	
Arte Johnson Golf Outing-Celebrity	July 15-16, 1990	Roundtrip air travel from Wash. D.C. to Chicago, and lodging	
Danny Thompson Memorial Golf Tournament-Celebrity	Aug 22-25, 1990	Roundtrip air travel from Wash. D.C. to Sun Valley, Idaho, and lodging	

Reporting Individual's Name

Danny L. Burton

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Consultant	Dan Burton Agency

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

Danny L. Burton

DATE (Month, Day, Year)

5-15-1991

GPO 1981 37-588 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

15 11:35
U.S.
HAND DELIVERED

Albert G. Bustamante
(Full Name)

1113 Longworth House Office Building
Washington, D. C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Texas District: 23rd ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 17

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Heard, Goggan, Blair and Williams San Antonio, Texas	Spouse Attorney Fee	NA	
	Attorney, Self-Employed	Spouse Attorney Fee	NA	
	Rockwell International, 475 Liberty Avenue, Pittsburg, PA 19222 (1-4-90)	Honorarium	$2,000-	
	LTV Aerospace, Post Office Box 655554, Dallas, Texas 75265 (1-17-90)	"	2,000-	
	Bell Helicopter Textron Inc. P. O. Box 462, Fort Worth, Texas 76101 (1-26-90)	"	2,000-	
	American Association of Equipment Lessors, Suite 1010 1300 N. 17th Street, Arlington, VA 22209 (1-31-90)	"	1,200-	
	Board of Trade of the City of Chicago, 141 West Jackson Boulevard, Chicago, IL (2-1-90)	"	750-	
	Chicago Mercantile Exchange, 30 South Wacker Drive, Chicago, IL 60606 (2-2-90)	"	750-	
	Waste Management, Inc. 3003 Butterfield Road, Oak Brook IL 60521 (2-5-90)	"	2,000-	
	Varo, Inc. 2203 West Walnut Street, Garland, Texas 75046 (4-12-90)	"	1,000-	

For additional earned income, use next page

Reporting Individual's Name
Bustamante, Albert G.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Vogue Properties, Inc. Post Office Box 8426, Wichita, Texas 76307 (4-22-90)	Commencement Speech	500-	
KMS Fusion, Inc. Post Office Box 1587, Ann Arbor, MI 48106 (6-16-90)	Honorarium	1,000-	
The Tobacco Institute, 1875 I Street, NW, Washington, DC 20006 (10-5-90)	"	2,000-	
Philip Morris Management Corporation, 620 Park Avenue, New York, New York (2-4-90)	"	1,000-	
Northrup Corporation, 1840 Century Park East, Century City, Los Angeles, CA (1-16-90)	"	2,000-	

Reporting Individual's Name
Bustamante, Albert G.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	IRA - First Gilbratar, San Antonio, Texas		X										X						X								
	IRA - Union State Bank, San Antonio, Texas		X										X						X								
S	KEOUGH - HR10 Groos Bank, San Antonio, Texas				X						X		X									X					
S	Stock - Garcia's Mexican Food Inc. San Antonio, Texas		X														S Corp. Passive Income					X					
S	Partnership Interest, Omar Investments San Antonio, Texas		X															X									
	Winnings Ticket Profits	X X															Winnings Profits		X			X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Bustamante, Albert G

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $4,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CD-First American Bank of Virginia Arlington, Virginia	X											X								X						
	CD-Union National Bank of Texas Laredo, Texas				X								X									X					
	CD-Congressional Employees Federal Credit Union, Washington, DC				X								X									X					
	CD-Frost National Bank, San Antonio, Texas				X								X								X						
	Savings and Checking Accounts - First Gilbratar, San Antonio, Texas			X									X							X							
	Life Insurance Policy - Franklin Life Insurance, Springfield, IL			X							X								X								
	Farm/Ranch Home, Rt. 1, Box 50, Hondo, Texas (Approximately 88 acres)					X						X										X					
	Second Lien on real estate, 429 W. Broadview, San Antonio, Texas			X									X								X						

Reporting Individual's Name
Bustamante, Albert G.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	KEOUGH Contribution for 1989 - Asset Investment Management Group (See attached statement)	X			4-15-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Bustamante, Albert G.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
InterAmerican University, San German Puerto Rico	1-11-90 to 1-12-90	Roundtrip air travel from Washington, D. C. to San German, Puerto Rico	
LTV Corporation, 1025 Thomas Jefferson St., NW S511W, Washington DC	4-6-90 to 4-7-90	Roundtrip air travel from Washington, D. C. to New York City, NY, 2 days food & lodging, self and spouse	
Electronic Industries Assn. 2001 Pennsylvania Ave. NW, Washington DC	4-8-90 to 4-11-90	Roundtrip air travel from Washington, D. C. to Fort Meyers, FL, 3 days lodging, self and spouse	
Varo, Inc. 2203 W. Walnut Street, Garland, Texas 75046	4-13-90	Airfare from Fort Meyers, FL to Dallas, Texas, 1 day lodging self	
SER Jobs for Progress, 1355 Riverbend Drive, Suite 240, Dallas, TX 75247	4-13-90	Airfare from Dallas, Texas to Washington, D. C.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Bustamante, Albert G.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source Continued	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Hispanic Students Assn. Texas Tech University, Lubbock, Texas	4-27-90	Roundtrip airfare Washington, D. C. to Lubbock, Texas (Commencement)	
KMS Fusion, Inc. P. O. Box 1587 Ann Arbor, MI 48106	6-16-90 to 6-17-90	Roundtrip airfare Washington, D. C. to Ann Arbor, MI, self and son, John	
LAMA International, 1375 E. 6th St. Unit 4, Los Angeles, CA	11-15-90	Roundtrip airfare Washington, D. C. to Los Angeles, CA	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Bustamante, Albert G.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chairman, Advisory Board	Hispanic Children's Foundation of America, 735 North Water Street, Suite 519 Milwaukee, Wisconsin 53202

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Albert G. Bustamante

DATE (Month, Day, Year): 5-15-91

GPO: 1991 27-088 (m)

Portfolio Investment Review

FOR THE ACCOUNT OF	ACCOUNT NUMBER	CURRENT VALUATION AS OF
	13 00 0200 13 2	DEC 31,1990

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN

Asset
Investment
Management
GROUP

P.O. Box 1330
San Antonio, Texas 78295

ASSET DESCRIPTION	SHARES OR PAR VALUE	INVESTMENT COST BASIS	INVENTORY VALUE	PROJECTED ANNUAL INCOME	YIELD ON COST	YIELD ON MARKET	% OF ACCOUNT AT MARKET	ADJUSTED MARKET VALUE LAST YEAR	CURRENT UNIT VALUE	CURRENT MARKET VALUE
**CASH										
COME CASH		0.00					0.0			0.
INCIPAL CASH		0.00					0.0			0.
TOTAL CASH		0.00	0.00	0	0.0	0.0	0.0	0.00		0.
*MISC CASH EQUIV-TXBL										
MPFUND	15,567.74	15,567.74	15,567.74	1,182	7.6	7.6	19.4	15,567.74		15,567.
TOTAL MISC CASH EQUIV-TXBL		15,567.74	15,567.74	1,182	7.6	7.6	19.4	15,567.74		15,567.
TOTAL CASH EQUIVALENTS		15,567.74	15,567.74	1,182	7.6	7.6	19.4	15,567.74		15,567.
*CORPORATE BONDS & NOTES										
MATURITY (0 - 5 YRS)										
E FIXED INCOME FUND	4,04	43,960.37	43,960.37	4,237	9.6	7.8	67.5	49,919.92	13.381	54,167
TOTAL CORPORATE BONDS & NOTES		43,960.37	43,960.37	4,237	9.6	7.8	67.5	49,919.92		54,167
TOTAL FIXED INCOME SECURITIES		43,960.37	43,960.37	4,237	9.6	7.8	67.5	49,919.92		54,167
*COMMON STOCK										
E EQUITY FUND	744	7,980.80	7,980.80	385	4.8	5.7	13.1	9,741.91	14.078	10,474
TOTAL COMMON STOCK		7,980.80	7,980.80	385	4.8	5.7	13.1	9,741.91		10,474
TOTAL EQUITY		7,980.80	7,980.80	385	4.8	5.7	13.1	9,741.91		10,474

Portfolio Investment Review

Asset
Investment
Management
GROUP

P.O. Box 1330
San Antonio, Texas 78295

FOR THE ACCOUNT OF	ACCOUNT NUMBER	CURRENT VALUATION AS OF
REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN	13 00 0200 13 2	DEC 31,1990

ASSET DESCRIPTION	SHARES OR PAR VALUE	INVESTMENT COST BASIS	INVENTORY VALUE	PROJECTED ANNUAL INCOME	YIELD ON COST	YIELD ON MARKET	% OF ACCOUNT AT MARKET	ADJUSTED MARKET VALUE LAST YEAR	CURRENT UNIT VALUE	CURRENT MARKET VALUE
SUB-TOTALS		67,500.99	67,500.99	5,804	8.6	7.2	100.0	75,229.57		80,209
ACCRUED INTEREST										0
EX-DIVIDENDS										0
AND TOTALS		67,500.99	67,500.99	5,804	8.6	7.2	100.0	75,229.57		80,209

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Asset
Investment
Management
GROUP

P.O. Box 1330
San Antonio, Texas 78295

SUMMARY STATEMENT OF TRANSACTIONS FOR THE YEAR ENDED DEC 31,1990

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN

13 00 0200 13 2

	INCOME CASH	PRINCIPAL CASH
BEGINNING BALANCES - JANUARY 1,1990	0.00	0.00
RECEIPTS		
EMPLOYER CONTRIBUTIONS		8,024.00
INTEREST	966.84	
OTHER INCOME	581.00	
PROCEEDS FROM THE SALE OF ASSETS		581.00
ADJUSTMENTS	-966.84	966.84
TOTAL RECEIPTS	581.00	9,571.84
DISBURSEMENTS		
FIDUCIARY FEES	-581.00	
PURCHASES OF ASSETS		-9,571.84
TOTAL DISBURSEMENTS	-581.00	-9,571.84
ENDING BALANCES - DECEMBER 31,1990	0.00	0.00

**Asset
Investment
Management
GROUP**

P.O. Box 1330
San Antonio, Texas 78295

STATEMENT OF TRANSACTIONS FOR THE YEAR ENDED DEC 31,1990 PAGE 1

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN 13 00 0200 13 2

DATE	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENT COST BASIS
	EMPLOYER CONTRIBUTIONS			
04 10 90	KEOGH CONTRIBUTION FOR 1989 TO HR10 PLAN		8,024.00	
	TOTAL EMPLOYER CONTRIBUTIONS	0.00	8,024.00	0.00
	INTEREST			
01 04 90	INTEREST FOR 12/89 TEMPFUND	52.22		
02 02 90	INTEREST FOR 01/90 TEMPFUND	46.02		
03 02 90	INTEREST FOR 02/90 TEMPFUND	40.82		
04 03 90	INTEREST FOR 03/90 TEMPFUND	45.26		
05 02 90	INTEREST FOR 04/90 TEMPFUND	80.57		
06 05 90	INTEREST FOR 05/90 TEMPFUND	100.77		
07 03 90	INTEREST FOR 06/90 TEMPFUND	98.91		
08 02 90	INTEREST FOR 07/90 TEMPFUND	102.52		

STATEMENT OF TRANSACTIONS FOR THE YEAR ENDED DEC 31,1990

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN

13 00 0200 13 2

DATE	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENT COST BASIS
	INTEREST CONTINUED			
09 05 90	INTEREST FOR 08/90 TEMPFUND	101.27		
10 02 90	INTEREST FOR 09/90 TEMPFUND	98.56		
11 02 90	INTEREST FOR 10/90 TEMPFUND	102.44		
12 04 90	INTEREST FOR 11/90 TEMPFUND	97.48		
	TOTAL INTEREST	966.84	0.00	0.00
	OTHER INCOME			
03 29 90	RECD CASH PAYMENT FOR PREVIOUS CHARGED FEE	139.00		
06 12 90	RECD CASH PAYMENT FOR PREVIOUS CHARGED FEE	139.00		
08 10 90	RECD CASH PAYMENT FOR PREVIOUS CHARGED FEE	151.00		
12 03 90	RECD CASH PAYMENT FOR PREVIOUS CHARGED FEE	152.00		
	TOTAL OTHER INCOME	581.00	0.00	0.00
	PROCEEDS FROM THE SALE OF ASSETS			
02 13 90	REDEEM TEMPFUND		139.00	-139.00
04 23 90	REDEEM TEMPFUND		139.00	-139.00
07 26 90	REDEEM TEMPFUND		151.00	-151.00
11 07 90	REDEEM TEMPFUND		152.00	-152.00
	TOTAL PROCEEDS FROM THE SALE OF ASSETS	0.00	581.00	-581.00

STATEMENT OF TRANSACTIONS FOR THE YEAR ENDED DEC 31,1990

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN

13 00 0200 13 2

DATE	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENT COST BASIS
	ADJUSTMENTS			
01 05 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-52.22	52.22	
02 05 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-46.02	46.02	
02 13 90	AUTO TRANSFER PRINCIPAL TO INCOME CASH	139.00	-139.00	
03 05 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-40.82	40.82	
03 30 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-139.00	139.00	
04 04 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-45.26	45.26	
04 23 90	AUTO TRANSFER PRINCIPAL TO INCOME CASH	139.00	-139.00	
05 03 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-80.57	80.57	
06 06 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-100.77	100.77	
06 13 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-139.00	139.00	
07 05 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-98.91	98.91	
07 26 90	AUTO TRANSFER PRINCIPAL TO INCOME CASH	151.00	-151.00	
08 03 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-102.52	102.52	
08 13 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-151.00	151.00	
09 06 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-101.27	101.27	
10 04 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-98.56	98.56	
11 05 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-102.44	102.44	
11 07 90	AUTO TRANSFER PRINCIPAL TO INCOME CASH	152.00	-152.00	
12 04 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-152.00	152.00	
12 05 90	AUTO TRANSFER INCOME TO PRINCIPAL CASH	-97.48	97.48	
	TOTAL ADJUSTMENTS	-966.84	966.84	0.00

STATEMENT OF TRANSACTIONS FOR THE YEAR ENDED DEC 31,1990

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN

13 00 0200 13 2

DATE	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENT COST BASIS
	FIDUCIARY FEES			
02 12 90	GROOS BANK FEE FOR PERIOD 093089 THRU 123189	-139.00		
04 20 90	GROOS BANK FEE FOR PERIOD 123189 THRU 033190	-139.00		
07 25 90	GROOS BANK FEE FOR PERIOD 03/31/90 THRU 06/30/90	-151.00		
11 06 90	GROOS BANK FEE FOR PERIOD 06/30/90 THRU 09/30/90	-152.00		
	TOTAL FIDUCIARY FEES	-581.00	0.00	0.00
	PURCHASES OF ASSETS			
01 05 90	PURCHASE TEMPFUND		-52.22	52.22
02 05 90	PURCHASE TEMPFUND		-46.02	46.02
03 05 90	PURCHASE TEMPFUND		-40.82	40.82
03 30 90	PURCHASE TEMPFUND		-139.00	139.00
04 04 90	PURCHASE TEMPFUND		-45.26	45.26
04 11 90	PURCHASE TEMPFUND		-8,024.00	8,024.00
05 03 90	PURCHASE TEMPFUND		-80.57	80.57
06 06 90	PURCHASE TEMPFUND		-100.77	100.77
06 13 90	PURCHASE TEMPFUND		-139.00	139.00
07 05 90	PURCHASE TEMPFUND		-98.91	98.91

STATEMENT OF TRANSACTIONS FOR THE YEAR ENDED DEC 31,1990 PAGE 5

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN 13 00 0200 13 2

DATE	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	INVESTMENT COST BASIS
	PURCHASES OF ASSETS CONTINUED			
08 03 90	PURCHASE TEMPFUND		-102.52	102.52
08 13 90	PURCHASE TEMPFUND		-151.00	151.00
09 06 90	PURCHASE TEMPFUND		-101.27	101.27
10 04 90	PURCHASE TEMPFUND		-98.56	98.56
11 05 90	PURCHASE TEMPFUND		-102.44	102.44
12 04 90	PURCHASE TEMPFUND		-152.00	152.00
12 05 90	PURCHASE TEMPFUND		-97.48	97.48
	TOTAL PURCHASES OF ASSETS	0.00	-9,571.84	9,571.84

**Asset
Investment
Management
GROUP**

P.O. Box 1330
San Antonio, Texas 78295

SUMMARY OF DIVIDENDS AND INTEREST FOR THE YEAR ENDED DEC 31,1990

PAGE 1

REBECCA P. BUSTAMANTE MONEY PURCHASE PLAN

13 00 0200 13 2

INTEREST	
TEMPFUND	966.84
TOTAL INTEREST	966.84
DIVIDENDS	
TOTAL DIVIDENDS	0.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 AM 11:22

HAND DELIVERED

Beverly B. Byron
(Full Name)

306 Grove Boulevard
Frederick, Maryland 21701
(Mailing Address)

Filer Status: ☑ Member of the U.S. House of Representatives State: Maryland District: 6 ☐ Officer or Employee Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
American Association for Marriage and Family Therapy (3/22/90)		Honorarium	$1,000.	
Hughes Aircraft Company (8/7/90)		Honorarium	$2,000.	
The Marquardt Company (1/17/90)		Honorarium	$2,000.	
McGregor Printing Corporation (10/31/90)		Honorarium	$2,000.	
National Restaurant Association (5/11/90)		Honorarium	$1,000.	
NAUS-PAC (11/14/90)		Honorarium	$1,000.	
Northrop Corporation (1/26/90)		Honorarium	$2,000.	
Rockwell International Corporation (1/18/90)		Honorarium	$2,000.	
Shipbuilders Council of America (4/27/90)		Honorarium	$1,000.	
The Tobacco Institute (3/23/90)		Honorarium	$2,000.	

For additional earned income, use next page

Reporting Individual's Name
Beverly B. Byron

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
TRW, Inc. (1/18/90)	Honorarium	$2,000.	
Real Estate - Spouse	Self-employed	N/A	

Reporting Individual's Name
Beverly B. Byron

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	162 Main Street, Dover, Delaware				X							X								X							
	Unimproved Lot - 304 Grove Blvd.					X												X									
	30 shares CSX Corporation	X									X							X									
	56 shares Exxon Corporation		X								X							X									
	38 shares GTE Corporation		X								X							X									
	20 shares Minnesota Mining & Manufac.		X								X							X									
	58 shares Mobil Corporation		X								X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Beverly B. Byron

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	72 shares Westinghouse		X								X							X									
	24 shares Entergy Corporation	X									X							X									
	Maryland National Bank - IRA		X										X						X								
	City of Detroit Bond		X										X					X									
	Massachusetts Turnpike Authority Bond		X										X					X									
	First National Bank of Maryland		X										X					X									
	Maryland National Bank - various accts				X								X								X						
	Maryland National Mortgage Corp - Escrow			X									X					X									

Reporting Individual's Name
Beverly B. Byron

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	None											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 102 Main St. Dover, Del.				X			
S	BFK Leasing	Secured Note - Spouse's Business		X					
S	Riggs Bank	Unsecured Note - Spouse's Business		X					

Reporting Individual's Name
Beverly B. Byron

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Northrop, Rockwell, Marquardt, TRW (shared)	Jan 17-22	Roundtrip air from Wash DC to California and lodging/ speaking & fact finding	
National Restaurant Assoc.	May 19-20	Roundtrip air from Wash DC to Chicago and lodging/ speaking, self and spouse	
Dem. Nat'l Committee Meeting	June 15-16	Roundtrip air from Wash DC to Sante Fe and lodging/ meeting	
Alex Brown & Sons Inc.	Sept 18-24	Roundtrip air from Wash DC to California/ speaking	
Today Show/NBC News	Nov 21	Roundtrip air from Wash DC to Norfolk, VA and lodging/ speaking	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Beverly B. Byron

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Beverly B Byron	May 15 1991

GPO 1991 37-898 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 22 AM 9:48
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED ⑦
MC
(Office Use Only)

Beverly B. Byron
(Full Name)

306 Grove Boulevard
Frederick, Maryland 21701
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Maryland District: 6	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I — EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
American Association for Marriage and Family Therapy (3/22/90)	Honorarium	$1,000.	
Hughes Aircraft Company (8/7/90)	Honorarium	$2,000.	
The Marquardt Company (1/17/90)	Honorarium	$2,000.	
McGregor Printing Corporation (10/31/90)	Honorarium	$2,000.	
National Restaurant Association (5/11/90)	Honorarium	$1,000.	
NAUS-PAC (11/14/90)	Honorarium	$1,000.	
Northrop Corporation (1/26/90)	Honorarium	$2,000.	
Rockwell International Corporation (1/18/90)	Honorarium	$2,000.	
Shipbuilders Council of America (4/27/90)	Honorarium	$1,000.	
he Tobacco Institute (3/23/90)	Honorarium	$2,000.	

For additional earned income, use next page

Reporting Individual's Name
Beverly B. Byron

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if direct or paid to charit
TRW, Inc. (1/18/90)	Honorarium	$2,000.	
Real Estate - Spouse	Self-employed	N/A	

Reporting Individual's Name
Beverly B. Byron

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Unimproved Lot - 304 Grove Blvd.					X												X									
			30 shares CSX Corporation	X									X							X									
			56 shares Exxon Corporation		X								X							X									
			38 shares GTE Corporation		X								X							X									
			20 shares Minnesota Mining & Manufac.		X								X							X									
			58 shares Mobil Corporation		X								X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Beverly B. Byron

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transacti (X)
	72 shares Westinghouse		x								x							x									
	24 shares Entergy Corporation	x									x							x									
	Maryland National Bank - IRA		x										x						x								
	City of Detroit Bond		x										x					x									
	Massachusetts Turnpike Authority Bond		x										x					x									
	First National Bank of Maryland		x										x					x									
	Maryland National Bank - various accts				x								x								x						
	Maryland National Mortgage Corp - Escrow			x									x					x									

Reporting Individual's Name
Beverly B. Byron

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	None											

ᴧRT V—LIABILITIES

ert liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. ude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling e reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

		Category of Amount of Value (X)						
Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
BFK Leasing	Secured Note - Spouse's Business		X					
Riggs Bank	Unsecured Note - Spouse's Business		X					

Reporting Individual's Name
Beverly B. Byron

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
None			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Northrop, Rockwell, Marquardt, TRW (shared)		Jan 17-22	Roundtrip air from Wash DC to California and lodging/ speaking & fact finding	
National Restaurant Assoc.		May 19-20	Roundtrip air from Wash DC to Chicago and lodging/ speaking, self and spouse	
Dem. Nat'l Committee Meeting		June 15-16	Roundtrip air from Wash DC to Sante Fe and lodging/ meeting	
Alex Brown & Sons Inc.		Sept 20-24	Roundtrip air from Wash DC to California/ 2 Nights Lodging speaking	
Today Show/NBC News		Nov 21	Roundtrip air from Wash DC to Norfolk, VA and lodging/ speaking	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Beverly B. Byron

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

MAY 15 '91 11:01 L.S. CO. 3016633876

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Beverly B Byron

DATE (Month, Day, Year)
May 20 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY -9 AM 10:38

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
(Mailing Address)

MOBILE, ALABAMA 36693 .

Filer Status	☒ Member of the U.S. House of Representatives	State: Alabama District: One	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

mc (Office Use Only) 9

In all sections, please type or print clearly in black ink.

PART I--EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)		**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)		Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)		Article	$500	X
	ABC Corporation		Director's Fee	$6,000	
	Fairfax County Board of Education		Spouse Salary	NA	
	U.S. House of Representatives		Salary	90,645	
	The Finch Companies, Inc.		Directors Fees	12,000	
	Keystone Center Leg. Conf.	1-15 to 17	Honorarium	500	
	Tobacco Institute	1-17 to 20	Honorarium	2,000	
	Mass. Mutual Tax/Ins. Conf.	1-26	Honorarium	2,000	
	Pipeline Dinner Group	3-20	Honorarium	1,000	
	Monroe Academy Graduation	5-28	Honorarium	150	
	National Assoc. of Broadcasters	6-20	Honorarium	1,000	
	Olin Corp.	6-23	Honorarium	1,000	
	Auto Lessors	9-17	Honorarium	2,000	

For additional earned income, use next page

Reporting Individual's Name

HERBERT LEON CALLAHAN

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Hecht, Spencer Associates 10-26	Honorarium	1,000	

Reporting Individual's Name

HERBERT LEON CALLAHAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		AmSouth Bank			X									X							X							
		First Alabama Bank			X									X						X								
		SouthTrust Bank			X									X					X									
		Spring Hill Insurance			X									X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
HERBERT LEON CALLAHAN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset — Category of Value (X)									BLOCK C Income — Type of Income (X)							Category of Amount of Income (X)									BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	From "Sub S" Corporation ("Pass" Through Items) The Finch Companies, Inc.									X							Ordinary	X									
	The Finch Companies, Inc.								X				X										X				
	The Finch Companies, Inc.										X									X							
	The Finch Companies, Inc.													X									X				
	From Partnerships ("Pass" Through Items)																										
	H. B. Development Venture			X						X			X							X							
	Double M Joint Venture			X						X				X					X								
	Double M Joint Venture																Ordinary	X									
	Secure-it Self Storage					X											Ordinary	X									
	Spring Hill Insurance			X						X	X								X								
	Dean Witter		X								X							X									
	*Internal Revenue Service																										
	* As the result of over payment of estimated taxes																Tax Refund						X				
	*State of Alabama																Tax Refund					X					
	* As the result of over payment of estimated taxes																										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
HERBERT LEON CALLAHAN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alter-native valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Finch Real Estate Corporation		X							X	NONE																
	Unimproved real estate West Beach, Gulf Shores, Alabama 1/3 interest				X					X	NONE																
	Choctaw County, Alabama (Camp)		X							X	NONE																
	U.S. Savings Bonds			X									X									X					

Reporting Individual's Name

HERBERT LEON CALLAHAN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	The Finch Companies, Inc.	Personal					X		
	First Alabama Bank	Personal	X						
	SouthTrust Bank	Personal		X					
	Altus Bank	Business			X				

HERBERT LEON CALLAHAN

PARTS II AND III-ASSETS AND "UNEARNED" INCOME

Alternative Valuation

	Method
1. The Finch Companies, Inc.	E
2. H. B. Development Venture	E
3. Double M Joint Venture	E
4. Spring Hill Insurance	E
5. Finch Real Estate Corporation	E
6. Choctaw County, Alabama (Camp)	E

E = Personal evaluation and concerning real estate partnership holding, I have relied on the opinion of the developer.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
HERBERT LEON CALLAHAN

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
USF&G Leg. Conf.		1-1 & 2	Accomodations New Orleans, 2 days	
Keystone Center		1-15-17	Transportation, Mobile to La Quinta, Calif., 2 days lodging self and spouse	
Tobacco Institute		1-17-20	Transportation La Quinta, Calif to Mobile, 3 days lodging, self and spouse	
Dawson Mathis & Assoc. Mass. Mutual		1-25 & 26	Transportation Washington, D.C. to New Orleans, lodging and meals, 2 days	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

HERBERT LEON CALLAHAN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	The Finch Companies, Inc.
Director	Spring Hill Insurance Co., Inc.
Partner	Double M Joint Venture
Partner	H. B. Development
Partner	Baldwin County Acreage
Partner	Secure-it Self Storage

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: H L Callahan

DATE (Month, Day, Year): MAY 6, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

[illegible] MAY 14 PM 3:55

U.S. [illegible]

HAND DELIVERED

David Lee Camp
(Full Name)

5801 Leeway Drive

Midland, Michigan 48640
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Michigan District: 10	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ○

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State of Michigan	Salary	$34,095	

For additional earned income, use next page

Reporting Individual's Name

David Lee Camp

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Camp Real Estate Agency							X						X										X					
	414 Townsend Street						X							X										X					
	Prudential Bache				X								X								X								
	Chemical Bank & Trust Co. Checking Account				X										X						X								
	Chemical Financial Corporation					X							X								X								
	American Home Products					X							X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

David Lee Camp

S DC JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Comerica, Inc.			X							X									X							
	Amoco Corporation			X							X								X								
	Dow Chemical Company					X					X											X					
	H. J. Heinz Company			X							X								X								
	Kellogg Company			X							X								X								
	Monsanto Company		X								X							X									
	First of America Bancorp.	X									X							X									
	IBM			X							X								X								
	80 Acres Land, Homer Township, Michigan		X															X									
	Liquidating Trust of First Nat'l Investment Co. of Midland, Inc.		X									X						X									

Reporting Individual's Name David Lee Camp

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Riecker, George, VanDam, Camp & Gannon, P.C. 191 Shares of Capital Stock		X		12-30-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Chemical Bank & Trust Co.	Personal Loan			X				
	Wolverine Federal Savings & Loan	Mortgage on 414 Townsend Midland		X					
	Northwestern Savings & Loan	Mortgage on 414 Townsend Midland		X					
	Chemical Bank & Trust Co.	Mortgage on Merrill, MI			X				

Reporting Individual's Name
David Lee Camp

PART VI–TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None			

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
None				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
David Lee Camp

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
None	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
None		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
David Lee Camp	5/14/91

GPO 1991 37-590 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 2 01

HAND DELIVERED

Ben Nighthorse Campbell
(Full Name)

P.O. Box 639
Ignacio, CO 81137
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: CO District: Third	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Chevron USA (August 6-10, 1990)	travel	$3,244.00	
	National Indian Education Association (October 30, 1990)	honorarium	$1,000.00	
	Oklahoma Indian Bureau (February 1, 1990)	honorarium	$1,000.00	
	Yale (April 12, 1990)	travel	$ 444.00	
	Atlantic Richfield (May 14, 1990)	honorarium	$2,000.00	
	Jewelry design (Franklin Mint), June 25, 1990	design fee (salary)	$3,500.00	
	Jewelry design (Carlisle Silver), June 25, 1990	design fee (salary)	$1,890.00	
	Smithsonian Institution	salary (daughter)	$7,399.76	
	Toh-atin Gallery	salary (daughter)	204.73	
	Nighthorse Inc.	salary (son)	$1,168.00	

For additional earned income, use next page

Reporting Individual's Name

BEN NIGHTHORSE CAMPBELL

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Bruce Phillips	salary (son)	$1,404.50	
Nighthorse furniture	salary (son)	$1,291.50	
Palten (jewelry), January 16, 1990	sale	$ 750.00	
Casler (jewelry), January 16, 1990	sale	$ 125.00	
Maeda (jewelry), February 7, 1990	sale	$ 552.50	
Campasino (jewelry), May 8, 1990	sale	$ 210.00	
Wadato (jewelry), June 11, 1990	sale	$ 850.00	
Brown (jewelry), July 16, 1990	sale	$ 120.00	
Ruffalto (jewelry), July 16, 1990	sale	$ 700.00	
Strader (jewelry), August 21, 1990	sale	$ 185.00	
Lehr (jewelry), August 21, 1990	sale	$ 105.00	
Kolz (jewelry), November 26, 1990	sale	$ 448.00	
Ignacio School District	salary (spouse)	$32,000.00	

Reporting Individual's Name
BEN NIGHTHORSE CAMPBELL

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT / Examples:	S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Fay & Hillary Carver, Calif. (mortgage)					X							X										X				
	County Road 334 #408, Ignacio, CO			X								X									X						
	456 New Jersey, S.E., Washington, D.C.						X					X										X					
	506-510 E. 2nd Ave., Durango, CO				X							X										X					
	556 2nd Ave., Durango, CO				X							X										X					

For additional assets and unearned income, use next page

Reporting Individual's Name
BEN NIGHTHORSE CAMPBELL

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒ None

$, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individuarl or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

$, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Rocky Mountain Escrow, Box 2106, Durango, CO	mortgage on 506-510 E. 2nd, Durango		X					
	American Homefunding, 3855 Gasjubs, Richmond, VA	mortgage on 456 N.J., SE, Washington			X				
	Standard Federal, Box 9481, Gaithersburg, MD	mortgage on 556 E. 2nd, Durango, CO			X				
	Congressional Federal Credit Union, Wash., D.C.	car loan - Jeep	X						

Reporting Individual's Name
BEN NIGHTHORSE CAMPBELL

PART VI–TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒ NONE

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chevron USA		Aug.8-10,1990	5 days food & lodging, self and spouse, Roundtrip Air travel from Durango, CO to Anchorage, Alaska	X
Yale University		Apr. 12, 1990	Roundtrip Air travel from Washington, D.C. to New Haven, Conn	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BEN NIGHTHORSE CAMPBELL

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE NONE

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE NONE

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)

Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)

Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ben Nighthorse Campbell	**DATE (Month, Day, Year)** MAY 15, 1991

GPO 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 12:33
U.S. [illegible] REPRESENTATIVES

HAND DELIVERED

THOMAS J. CAMPBELL
(Full Name)
313 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 12	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

Mc (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	STANFORD UNIVERSITY	TEACHING STIPEND (APPROVAL LETTER FROM COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT ATTACHED)	$15,000	
	STANFORD UNIVERSITY	PAYMENT OF ABA DUES IN CONNECTION WITH FACULTY POSITION	$200	

For additional earned income, use next page

Reporting Individual's Name
Tom Campbell

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples:	S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	SELIGMAN INCOME FUND				X						X									X							X
~~S~~	~~SELIGMAN COMMON STOCK FUND~~			~~X~~							~~X~~							~~X~~									~~X~~
S	FNMA BONDS 9% 12/25/19		X										X						X								X
S	JOHNSON+JOHNSON STOCK		X								X								X								X
JT	BUNGALOW BEHIND RESIDENCE, 665 ALVARADO ROW, STANFORD, RENTED TO Y. OKADA /		X									X										X					
S	THE RESERVE FUND		X								X								X								X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Tom Campbell

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	VA. STATE HOUSING BONDS, 7.5%, 1/1/01			X									X								X						X
S	WASHINGTON MUTUAL INVESTORS FUND		X								X			X				X									X
S	FIRST VIRGINIA BANK ACCT.		X										X					X									
JT	WELLS FARGO BANK ACCT.		X										X					X									
S	FIRST VIRGINIA BANK STOCK		X								X							X									X
S	MARTIN FAMILY TRUST - SPOUSE HOLDS						X																				
	REMAINDERMAN INTEREST, NO RIGHT																										
	TO PRESENT INCOME: * US TREASURY NOTES 7.875% due 6/30/91			X																							
	* US TREASURY NOTES 7.625% due 5/15/93		X																								
	* US TREASURY NOTES 8.25% due 9/30/93			X																							
	* US TREASURY NOTES 7.75% due 2/15/95			X																							
	* US TREASURY NOTES 7.375% due 8/15/92		X																								
	* ASSOCIATES CORP. N.AM. 8.625% due [illegible]/94			X																							
	* FORD MOTOR CREDIT CO. 8% due 8/1/94			X																							
	* GEN'L MOTORS ACC. CORP 9.25% due 11/1/92			X																							

SEE CONTINUATION SHEET

THOMAS J. CAMPBELL PARTS II AND III

CONTINUATION OF ASSETS COMPRISING MARTIN FAMILY TRUST

BLOCK B

* GENERAL MOTORS ACCEPTANCE CORP 7.25% due 2.15.93	CATEGORY C
* ITT FINANCIAL CORP 9.0% due 6.1.92	CATEGORY C
* MOBIL CORP 8.75% due 11.1.91	CATEGORY C
* FIRST VIRGINIA BANK DISCRETIONARY COMMON STOCK FUND	CATEGORY B

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
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LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTKIN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

January 23, 1990

The Honorable Tom Campbell
U.S. House of Representatives
516 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of January 7, 1990, in which you request the Committee's advice regarding your status as a tenured faculty member at Stanford University. You explain that you were appointed to the Stanford Law School Faculty in 1983 and promoted to full professor with tenure in 1987. You further explain that upon election to Congress in 1988 you were granted a two-year leave-of-absence from teaching, but that unless you resume some teaching, you will forfeit your tenure and your right to continue owning a home on university property. You and your Dean have proposed a part-time teaching schedule in which most of your classes would be scheduled for Sunday morning, and your salary would be less than half the full-time teaching salary.

During 1990 your outside earned income from all sources is limited to thirty percent of your 1989 congressional salary, or $26,850. In 1991, this limit will be 15 percent of the congressional salary at the time. In addition, section 502 of The Ethics Reform Act of 1989 (P.L. 100-194) provides that, beginning January 1, 1991, you may not "receive compensation for teaching, without the prior notification and approval" of this Committee.

In your case, it is obvious that the teaching opportunity is wholly unrelated to your status as a Member of Congress because you were tenured prior to your election to Congress. Secondly, the modest schedule that you propose to continue teaching would clearly not interfere or conflict with your representational and legislative duties as a Member of Congress, and the university compensation level carries no hint that you would be paid by Stanford for anything other than teaching. Accordingly, the Committee gives its approval to your proposed teaching arrangement with the Stanford University Law School. This letter will constitute the Committee's approval of the arrangement for the purposes of section 502 of the Ethics Reform Act for as long as you continue your teaching relationship with Stanford.

If you or the Law School's officials have any further questions concerning this matter, please contact the Committee staff at (202) 225-7103.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers

John T. Myers
Ranking Minority Member

JS:DJM

TOM CAMPBELL
12TH DISTRICT, CALIFORNIA

313 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5411

DISTRICT OFFICES
599 NORTH MATHILDA AVENUE, SUITE 105
SUNNYVALE, CA 94086
(408) 245-4835
(415) 321-9154

7415 EIGLEBERRY STREET, SUITE B
GILROY, CA 95020
(408) 848-5101

COMMITTEE ON BANKING,
FINANCE AND URBAN AFFAIRS

COMMITTEE ON THE
JUDICIARY

COMMITTEE ON SCIENCE,
SPACE, AND TECHNOLOGY

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TECHNOLOGY AND POLICY
HOUSE COMPETITIVENESS CAUCUS
CONGRESSIONAL HUMAN RIGHTS CAUCUS
CONGRESSIONAL CAUCUS FOR
WOMENS ISSUES
CONGRESSIONAL GRACE
COMMISSION CAUCUS
ENVIRONMENTAL AND
ENERGY STUDY CONFERENCE

Congress of the United States
House of Representatives

June 28, 1991

MC ✓

(71)

HAND DELIVERED

The Honorable Louis Stokes
Chairman
Committee on Standards of Official Conduct
HT-2 Capitol Building
Washington, D.C. 20515

Dear Mr. Chairman:

Please be so kind as to accept the enclosed copies of my tax returns for the last three years as an addendum to my financial disclosure statement. Please feel free to make these returns part of the public record and available to anyone upon request.

Thank you for your consideration.

Best regards,

Tom Campbell

Congressman Tom Campbell

RECEIVED
91 JUL -1 AM 8:31
COMMITTEE ON STANDARDS

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

U6500545 943817 3270

Form 1040 Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 1988

For the year Jan.-Dec. 31, 1988, or other tax year beginning , 1988, ending , 19 . OMB No. 1545-0074

Label Use IRS label. Otherwise, please print or type.

THOMAS J & SUSANNE H CAMPBELL
665 ALVARADO ROW
STANFORD, CA 94305

Your social security number 347 38 4500

Spouse's social security no. 223 86 9242

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign

Do you want $1 to go to this fund? ☒ Yes ☐ No

If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and full name here.
4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter child's name here.
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19).

Exemptions (See instructions on page 8.)

6a ☒ Yourself If someone (such as your parent) can claim you as a dependent, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☒ Spouse

No. of boxes checked on 6a and 6b: 2

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 5	(3) If age 5 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1988

If more than 6 dependents, see instructions on page 8.

No. of your children on 6c who: ● lived with you ____ ● didn't live with you due to divorce or separation ____

No. of other dependents listed on 6c ____

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e Total number of exemptions claimed

Add numbers entered on lines above ▶ 2

Income

) Tax.— If
attach
during 1988
of your
tax,
W-2, W-2G,
A and RRB-2P here
as a
see
FICA
do not have
1,485
2, see
of
ructions.

Please attach check or money order here.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	62904.
8a	Taxable interest income (also attach Schedule B if over $400)	8a	1003.
b	Tax-exempt interest income (see page 11). DON'T include on line 8a 8b		
9	Dividend income (also attach Schedule B if over $400)	9	3863.
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of instructions	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	-3590.
13	Capital gain or (loss) (attach Schedule D)	13	-958.
14	Capital gain distributions not reported on line 13 (see page 11)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions 16a 16b Taxable amount (see page 11)	16b	
17a	Total pensions and annuities 17a 17b Taxable amount (see page 12)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	332.
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (insurance) (see page 13)	20	
21a	Social security benefits (see page 13) 21a		
b	Taxable amount, if any, from the worksheet on page 13	21b	
22	Other income	22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	63554.

Adjustments to Income

24	Reimbursed employee business expenses from Form 2106, line 13	24			
25a	Your IRA deduction, from applicable worksheet on page 14 or 15	25a			
b	Spouse's IRA deduction, from applicable worksheet on page 14 or 15	25b			
26	Self-employed health insurance deduction, from worksheet on page 15	26			
27	Keogh retirement plan and self-employed SEP deduction	27			
28	Penalty on early withdrawal of savings	28			
29	Alimony paid (recipient's last name ____ and social security no. ____)	29			
30	Add lines 24 through 29. These are your **total adjustments** ▶			30	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** If this line is less than $18,576 and a child lived with you, see "Earned Income Credit" (line 56) on page 19 of the instructions. If you want IRS to figure your tax, see page 16 of the instructions ▶	31	63554.

H761

Form 1040 (1988) OMB No. 1545-0074 Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)			32	63554.
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind Add the number of boxes checked and enter the total here ▶			33a	
	b	If someone (such as your parent) can claim you as a dependent, check here ▶			33b	☐
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here ▶			33c	☐
	34	Enter the larger of: • Your **standard deduction** (from page 17 of the instructions), **OR** • Your **itemized deductions** (from Schedule A, line 26) If you itemize, attach Schedule A and check here ▶ ☒			34	34318.
	35	Subtract line 34 from line 32. Enter the result here			35	29236.
	36	Multiply $1,950 by the total number of exemptions claimed on line 6e			36	3900.
	37	**Taxable income.** Subtract line 36 from line 35. Enter the result (if less than zero, enter zero)			37	25336.
		Caution: If under age 14 and you have more than $1,000 of investment income, check here ▶ ☐ and see page 17 to see if you have to use Form 8615 to figure your tax				
	38	Enter tax. Check if from: ☒ Tax Table, ☐ Tax Rate Schedules, or ☐ Form 8615			38	3799.
	39	Additional taxes (see page 17). Check if from: ☐ Form 4970 or ☐ Form 4972			39	
	40	Add lines 38 and 39. Enter the total ▶			40	3799.
Credits	41	Credit for child and dependent care expenses (attach Form 2441)	41			
	42	Credit for the elderly or the disabled (attach Schedule R)	42			
	43	Foreign tax credit (attach Form 1116)	43			
	44	General business credit. Check if from: ☐ Form 3800 or ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45. Enter the total			46	
	47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) ▶			47	3799.
Other Taxes (Including Advance EIC Payments)	48	Self-employment tax (attach Schedule SE)			48	
	49	Alternative minimum tax (attach Form 6251)			49	
	50	Recapture taxes (see page 18). Check if from: ☐ Form 4255 or ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)			51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)			52	
	53	Add lines 47 through 52. This is your **total tax** ▶			53	3799.
Payments Attach Forms W-2, W-2G, and W-2P to front.	54	Federal income tax withheld (if any is from Form(s) 1099, check ▶ ☐)	54	22174.		SCHEDULE 1
	55	1988 estimated tax payments and amount applied from 1987 return	55			
	56	Earned income credit (see page 19)	56			
	57	Amount paid with Form 4868	57			
	58	Excess social security tax and RRTA tax withheld (see page 20)	58			
	59	Credit for Federal tax on fuels (attach Form 4136)	59			
	60	Regulated investment company credit (attach Form 2439)	60			
	61	Add lines 54 through 60. These are your **total payments** ▶			61	22174.
Refund or Amount You Owe	62	If line 61 is larger than line 53, enter amount **OVERPAID** ▶			62	18375.
	63	Amount of line 62 to be **REFUNDED TO YOU** ▶			63	18375.
	64	Amount of line 62 to be applied to your 1989 estimated tax ▶	64			
	65	If line 53 is larger than line 61, enter **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1988 Form 1040" on it Check ▶ ☐ if Form 2210 (2210F) is attached. See page 21. Penalty: $			65	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	▶ Your signature	Date	Your occupation PROFESSOR
	▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation TOUR MANAGER
Paid Preparer's Use Only	Preparer's signature ▶ Paul D Hancock PAUL D HANCOCK	Date 3/11/89	Check if self-employed ☐ Preparer's social security no. 492 50 6760
	Firm's name (or yours, if self-employed) and address ▶ PAUL D HANCOCK ACCTCY CORP 2105 HAMILTON AVENUE SUITE 370 SAN JOSE CA		E.I. No. 94 2773669 ZIP code 95125

Reporting Individual's Name
Tom Campbell

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	SELIGMAN INCOME AND COMMON STOCK FUNDS		X		6-29-90			X				
S	TIME RESERVE FUND	X			7-12-90		X					
S	FNMA BONDS 9% due 12/25/19	X			7-12-90	X						
S	JOHNSON + JOHNSON COMMON STOCK	X			7-12-90	X						
S	VIRGINIA STATE HOUSING BONDS 7.5% due 1/1/01	X			7-12-90		X					
S	WASHINGTON MUTUAL INVESTORS FUND	X			7-13-90	X						
S	FIRST VIRGINIA BANK STOCK		X		8-6-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	BANK OF AMERICA CUSTOMLINE CREDIT	PERSONAL CREDIT LINE, UNSECURED		X					
	MASTERCARD-MBNA	REVOLVING PERSONAL CREDIT LINE, UNSECURED	X						

Reporting Individual's Name
Tom Campbell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Four members of the Japanese	Red and Black Lacquered Bowl (Value $100) Silk Tie (Value $25.00)	$125.00
Diet: Tsutomu Hata Sohei Miyashita	(Gifts were received at meeting of U.S. and Japan Legislators sponsored by North East Asia -	
Fumitake Kishida Kokichi Shimoinaba	U.S. Forum on International Policy. Gifts were given by Japanese legislators as a courtesy,	
	thank you gift. Congressman Campbell gave them to his staff members in the District Office)	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
THE CONFERENCE BOARD, INC.	2/28-3/1	Roundtrip Air Travel from Washington, D.C. to New York City; one night lodging; ground transportation;	
(Panel member on antitrust issues)		breakfast	
ABE LINCOLN FUND (The Lincoln Club of Northern California)	3/9-3/10	One night lodging in Pebble Beach; one day meals	
(Panel member on trade with the Pacific Rim)			
		Continued on Attachment B	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Attachment B

Reporting Individual:

TOM CAMPBELL

SOURCE	DATES	BRIEF DESCRIPTION	GIFT
NORTHEAST ASIA -U.S. FORUM ON INTERNATIONAL POLICY (Member of U.S./Japan Legislators Committee Annual Conference)	5/4-5/6	Roundtrip air travel from Washington, D.C. to San Francisco/San Jose; two nights lodging in Carmel; ground transportation; two days meals NOTE: Actual dates of travel were May 3 - 8. Lodging, ground transportation, and meals (except as noted above) were not covered by the Northeast Asia Forum)	
ORANGE COUNTY LOG CABIN CLUBS (Keynote speaker at two meetings (in Pasadena and in Laguna Beach)	5/6-5/7	One way air travel from Orange County to San Jose; one night lodging	
NATIONAL LEGAL CENTER FOR THE PUBLIC INTEREST	9/17-9/18	One way air travel from New York City to Washington, D.C.; one night lodging; ground transportation; dinner	

Reporting Individual's Name
Tom Campbell

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
PROFESSOR (ON LEAVE)	STANFORD UNIVERSITY

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1/3/89	STANFORD UNIVERSITY AND THOMAS J. CAMPBELL	TWO-YEAR LEAVE OF ABSENCE RENEWED FOR ADDITIONAL TWO YEARS. TENURE PRESERVED, RIGHT TO LIVE IN FACULTY HOUSING PRESERVED.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom Campbell	April 26, 1991

GPO: 1991 : 37-588 (m)

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SCHEDULE A
(Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A - Itemized Deductions

▶ Attach to Form 1040.   ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074
1988
Attachment Sequence No. 07

Name(s) as shown on Form 1040: THOMAS J & SUSANNE M CAMPBELL

Your social security number: 347 38 4500

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.)	1 a	Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc.	1a		
	b	Other (list – include hearing aids, dentures, eyeglasses, transportation and lodging, etc.) ▶	1b		
	2	Add lines 1a and 1b, and enter the total here	2		
	3	Multiply the amount on Form 1040, line 32, by 7.5% (.075)	3		
	4	Subtract line 3 from line 2. If zero or less, enter -0-. **Total medical and dental**		▶ 4	
Taxes You Paid	5	State and local income taxes	5	7515.	
	6	Real estate taxes	6	1537.	
	7	Other taxes (list – include personal property taxes) ▶ VEHICLE LICENSE FEE 44.	7	44.	
	8	Add the amounts on lines 5 through 7. Enter the total here. **Total taxes**		▶ 8	9096.
Interest You Paid		**Note:** New rules apply to the home mortgage interest deduction. See Instructions.			
	9 a	Deductible home mortgage interest you paid to financial institutions	9a	22008.	
	b	Deductible home mortgage interest you paid to individuals (name and address) ▶	9b		
	10	Deductible points. (See instructions for special rules.)	10		
	11	Deductible investment interest (See page 24)	11		
	12 a	Personal interest you paid (see page 24) SCHEDULE 2 12a 6108.			
	b	Multiply the amount on line 12a by 40% (.40). Enter the result	12b	2443.	
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total here. **Total interest**		▶ 13	24451.
Gifts to Charity	14	Contributions by cash or check. (If you gave $3,000 or more to any one organization, show to whom you gave and how much you gave.) ▶ MISCELLANEOUS 317.	14	317.	
	15	Other than cash or check. (You must attach Form 8283 if over $500.) SCH 3	15	279.	
	16	Carryover from prior year	16		
	17	Add the amounts on lines 14 through 16. Enter the total here. **Total contributions**		▶ 17	596.
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684).		▶ 18	
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 26 of the instructions.)		▶ 19	
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See Instructions.) ▶ PROFESS. SUBSCRIPTIONS 1439. OTHER BUSINESS EXPENSE 7.	20	1446.	
	21	Other expenses (investment, tax preparation, safe deposit box, etc.) List type and amount ▶	21		
	22	Add the amounts on lines 20 and 21. Enter the total	22	1446.	
	23	Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the result here	23	1271.	
	24	Subtract line 23 from line 22. Enter the result (if zero or less, enter zero)		▶ 24	175.
Other Miscellaneous Deductions	25	Other (from list on page 26 of instructions). Enter type and amount ▶		▶ 25	
Total Itemized Deductions	26	Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 17 of the instructions.		▶ 26	34318.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.   Schedule A (Form 1040) 1988

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Schedule B (Form 1040) 1988 OMB No. 1545-0074

Name(s) as shown on Form 1040 — Your social security number

THOMAS J & SUSANNE M CAMPBELL — 347 38 4500

Schedule B - Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

If you received more than $400 in taxable interest income, you must complete Part I and Part III and list ALL interest received. You must report all interest on Form 1040, even if you are not required to complete Part I and Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 27

Interest Income		Amount
1 Interest income from seller-financed mortgages. (List name of payer.) ▶	1	
2 Other interest income (list name of payer) ▶		
FIRST VA BANK		374.
WELLS FARGO		123.
US T BILLS		506.
	2	
3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a. ▶	3	1003.

Note: If you received a Form 1099-INT or Form 1099-OID from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II Dividend Income

If you received more than $400 in gross dividends and/or other distributions on stock, complete Part II and Part III. You must report all taxable dividends on Form 1040, even if you are not required to complete Part II and Part III. If you received, as a nominee, dividends that actually belong to another person, see page 27.

Dividend Income				Amount
4 Dividend income (list name of payer - include on this line capital gain distributions, nontaxable distributions, etc.) ▶				
FERRIS & CO				111.
SELIGMAN INCOME FD				3863.
			4	
5 Add the amounts on line 4. Enter the total here			5	3974.
6 Capital gain distributions. Enter here and on line 13, Schedule D.*	6	111.		SCHEDULE
7 Nontaxable distributions. (See Schedule D instructions for adjustment to basis.)	7			
8 Add the amounts on lines 6 and 7. Enter the total here			8	111.
9 Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9 ▶			9	3863.

Note: If you received a Form 1099-DIV from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

*If you received capital gain distributions but do not need Schedule D to report any other gains or losses, enter your capital gain distributions on Form 1040, line 14.

Part III Foreign Accounts and Foreign Trusts

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
10 At any time during the tax year, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country ▶		
11 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-A, or 926		X

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SCHEDULE C
(Form 1040)
Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)
Partnerships, Joint Ventures, Etc., Must File Form 1065.
▶ Attach to Form 1040, Form 1041, or Form 1041S. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074
1988
Attachment Sequence No. 09

Name of proprietor: SUSANNE M CAMPBELL
Social security number (SSN): 223 86 9242

A Principal business or profession, including product or service: TRAVEL SERVICES
B Principal business code (from Part IV) ▶ 9837

C Business name and address ▶ SUSANNE M CAMPBELL
665 ALVARADO ROW
STANFORD, CA 94305

D Employer ID number (not SSN)

E Method(s) used to value closing inventory:
(1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation)

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

		Yes	No
G	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? (If "Yes," attach explanation.)		X
H	Are you deducting expenses for business use of your home? (If "Yes," see instructions for limitations.)		X
I	Did you "materially participate" in the operation of this business during 1988? (If "No," see instructions for limitations on losses.)	X	

J If this schedule includes a loss, credit, deduction, income, or other tax benefit relating to a tax shelter required to be registered, check here ▶ ☐
If you check this box, you **MUST** attach Form 8271.

Part I Income

1 a	Gross receipts or sales	1a	2265.
b	Less: Returns and allowances	1b	
c	Subtract line 1b from line 1a and enter the result here	1c	2265.
2	Cost of goods sold and/or operations (from Part III, line 8)	2	279.
3	Subtract line 2 from line 1c and enter the gross profit here	3	1986.
4	Other income (including windfall profit tax credit or refund received in 1988)	4	
5	Add lines 3 and 4. This is the gross income ▶	5	1986.

Part II Deductions

6	Advertising	6		23	Repairs		23	
				24	Supplies (not included in Part III)		24	
7	Bad debts from sales or services	7		25	Taxes		25	
8	Bank service charges	8		26	Travel, meals, and entertainment:			
9	Car and truck expenses	9		a	Travel		26a	5355.
10	Commissions	10		b	Meals and entertainment			
11	Depletion	11		c	Enter 20% of line 26b subject to limitations (see instructions)			
12	Depreciation and section 179 deduction from Form 4562 (not included in Part III)	12		d	Subtract line 26c from 26b		26d	
13	Dues and publications	13		27	Utilities and telephone		27	
14	Employee benefit programs	14		28 a	Wages			
15	Freight (not included in Part III)	15		b	Jobs credit			
16	Insurance	16		c	Subtract line 28b from 28a		28c	
17	Interest:			29	Other expenses (list type and amount):			
a	Mortgage (paid to banks, etc.)	17a						
b	Other	17b						
18	Laundry and cleaning	18						
19	Legal and professional services	19						
20	Office expense	20						
21	Pension and profit-sharing plans	21						
22	Rent on business property	22	221.				29	

30	Add amounts in columns for lines 6 through 29. These are the total deductions ▶	30	5576.
31	Net profit or (loss). Subtract line 30 from line 5. If a profit, enter here and on Form 1040, line 12, and on Schedule SE, line 2. If a loss, you MUST go on to line 32. (Fiduciaries, see instructions.)	31	-3590.
32	If you have a loss, you MUST check the box that describes your investment in this activity	32a ☒ All investment is at risk. 32b ☐ Some investment is not at risk.	

If you checked 32a, enter the loss on Form 1040, line 12, and Schedule SE, line 2. If you checked 32b, you MUST attach Form 6198.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.
Schedule C (Form 1040) 1988

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Schedule C (Form 1040) 1988 OMB No. 1545-0074 Page 2

Part III Cost of Goods Sold and/or Operations (See Schedule C Instructions for Part III)

1	Inventory at beginning of year. (If different from last year's closing inventory, attach explanation.)	1	0.
2	Purchases less cost of items withdrawn for personal use	2	1339.
3	Cost of labor. (Do not include salary paid to yourself.)	3	
4	Materials and supplies	4	
5	Other costs	5	
6	Add lines 1 through 5	6	1339.
7	Less: Inventory at end of year	7	1060.
8	**Cost of goods sold and/or operations.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	279.

Part IV Codes for Principal Business or Professional Activity

Locate the major business category that best describes your activity (for example, Retail Trade, Services, etc.). Within the major category, select the activity code that identifies (or most closely identifies) the business or profession that is the principal source of your sales or receipts. **Enter this 4-digit code on line B on page 1 of Schedule C. (Note:** If your principal source of income is from farming activities, you should file **Schedule F** (Form 1040), Farm Income and Expenses.)

Construction

Code	
0018	Operative builders (building for own account)
	General contractors
0034	Residential building
0059	Nonresidential building
0075	Highway and street construction
3889	Other heavy construction (pipe laying, bridge construction, etc.)
	Building trade contractors, including repairs
0232	Plumbing, heating, air conditioning
0257	Painting and paper hanging
0273	Electrical work
0299	Masonry, dry wall, stone, tile
0414	Carpentering and flooring
0430	Roofing, siding, and sheet metal
0455	Concrete work
0471	Water well drilling
0885	Other building trade contractors (excavation, glazing, etc.)

Manufacturing, Including Printing and Publishing

0612	Bakeries selling at retail
0638	Other food products and beverages
0653	Textile mill products
0679	Apparel and other textile products
0695	Leather, footware, handbags, etc.
0810	Furniture and fixtures
0836	Lumber and other wood products
0851	Printing and publishing
0877	Paper and allied products
0893	Chemicals and allied products
1016	Rubber and plastics products
1032	Stone, clay, and glass products
1057	Primary metal industries
1073	Fabricated metal products
1099	Machinery and machine shops
1115	Electric and electronic equipment
1313	Transportation equipment
1339	Instruments and related products
1883	Other manufacturing industries

Mining and Mineral Extraction

1511	Metal mining
1537	Coal mining
1552	Oil and gas
1719	Quarrying and nonmetallic mining

Agricultural Services, Forestry, and Fishing

1917	Soil preparation services
1933	Crop services
1958	Veterinary services, including pets
1974	Livestock breeding
1990	Other animal services
2113	Farm labor and management services
2212	Horticulture and landscaping
2238	Forestry, except logging
0836	Logging
2279	Fishing, hunting, and trapping

Wholesale Trade – Selling Goods to Other Businesses, Government, or Institutions, etc.

Code	
	Durable goods, including machinery, equipment, wood, metals, etc.
2618	Selling for your own account
2634	Agent or broker for other firms – more than 50% of gross sales on commission
	Nondurable goods, including food, fiber, chemicals, etc.
2659	Selling for your own account
2675	Agent or broker for other firms – more than 50% of gross sales on commission

Retail Trade – Selling Goods to Individuals and Households

3012	Selling door-to-door, by telephone or party plan, or from mobile unit
3038	Catalog or mail order
3053	Vending machine selling
	Selling From Store, Showroom, or Other Fixed Location
	Food, beverages, and drugs
3079	Eating places (meals or snacks)
3095	Drinking places (alcoholic beverages)
3210	Grocery stores (general line)
0612	Bakeries selling at retail
3236	Other food stores (meat, produce, candy, etc.)
3251	Liquor stores
3277	Drug stores
	Automotive and service stations
3319	New car dealers (franchised)
3335	Used car dealers
3517	Other automotive dealers (motorcycles, recreational vehicles, etc.)
3533	Tires, accessories, and parts
3558	Gasoline service stations
	General merchandise, apparel, and furniture
3715	Variety stores
3731	Other general merchandise stores
3756	Shoe stores
3772	Men's and boys' clothing stores
3913	Women's ready-to-wear stores
3921	Women's accessory and specialty stores and furriers
3939	Family clothing stores
3954	Other apparel and accessory stores
3970	Furniture stores
3996	TV, audio, and electronics
3988	Computer and software stores
4119	Household appliance stores
4317	Other home furnishing stores (china, floor coverings, drapes, etc.)
4333	Music and record stores
	Building, hardware, and garden supply
4416	Building materials dealers
4432	Paint, glass, and wallpaper stores
4457	Hardware stores
4473	Nurseries and garden supply stores
	Other retail stores
4614	Used merchandise and antique stores (except used motor vehicle parts)
4630	Gift, novelty, and souvenir shops
4655	Florists
4671	Jewelry stores
4697	Sporting goods and bicycle shops
4812	Boat dealers
4838	Hobby, toy, and game shops
4853	Camera and photo supply stores
4879	Optical goods stores
4895	Luggage and leather goods stores
5017	Book stores, excluding newsstands
5033	Stationery stores
5058	Fabric and needlework stores
5074	Mobile home dealers
5090	Fuel dealers (except gasoline)
5884	Other retail stores

Real Estate, Insurance, Finance, and Related Services

5512	Real estate agents and managers
5538	Operators and lessors of buildings (except developers)
5553	Operators and lessors of other real property (except developers)
5710	Subdividers and developers, except cemeteries
5736	Insurance agents and services
5751	Security and commodity brokers, dealers, and investment services
5777	Other real estate, insurance, and financial activities

Transportation, Communications, Public Utilities, and Related Services

6114	Taxicabs
6312	Bus and limousine transportation
6338	Trucking (except trash collection)
6510	Trash collection without own dump
6536	Public warehousing
6551	Water transportation
6619	Air transportation
6635	Travel agents and tour operators
6650	Other transportation and related services
6676	Communication services
6692	Utilities, including dumps, snowplowing, road cleaning, etc.

Services (Providing Personal, Professional, and Business Services)

Code	
	Hotels and other lodging places
7096	Hotels, motels, and tourist homes
7211	Rooming and boarding houses
7237	Camps and camping parks
	Laundry and cleaning services
7419	Coin-operated laundries and dry cleaning
7435	Other laundry, dry cleaning, and garment services
7450	Carpet and upholstery cleaning
7476	Janitorial and related services (building, house, and window cleaning)
	Business and/or personal services
7617	Legal services (or lawyer)
7633	Income tax preparation
7658	Accounting and bookkeeping
7674	Engineering, surveying, and architectural
7690	Management, consulting, and public relations
7716	Advertising, except direct mail
7732	Employment agencies and personnel supply
7757	Computer and data processing, including repair and leasing
7773	Equipment rental and leasing (except computer or automotive)
7914	Investigative and protective services
7880	Other business services
	Personal services
8110	Beauty shops (or beautician)
8318	Barber shop (or barber)
8334	Photographic portrait studios
8516	Shoe repair and shine services
8532	Funeral services and crematories
8714	Child day care
8730	Teaching or tutoring
8755	Counseling (except health practitioners)
8771	Ministers and chaplains
6882	Other personal services
	Automotive services
8813	Automotive rental or leasing, without driver
8839	Parking, except valet
8854	General automotive repairs
8870	Specialized automotive repairs (brake, body repairs, paint, etc.)
8896	Other automotive services (wash, towing, etc.)
	Miscellaneous repair, except computers
9019	TV and audio equipment repair
9035	Other electrical equipment repair
9050	Reupholstery and furniture repair
2881	Other equipment repair
	Medical and health services
9217	Offices and clinics of medical doctors (MDs)
9233	Offices and clinics of dentists
9258	Osteopathic physicians and surgeons
9274	Chiropractors
9290	Optometrists
9415	Registered and practical nurses
9431	Other licensed health practitioners
9456	Dental laboratories
9472	Nursing and personal care facilities
9886	Other health services
	Amusement and recreational services
8557	Physical fitness facilities
9613	Videotape rental stores
9639	Motion picture theaters
9654	Other motion picture and TV film and tape activities
9670	Bowling alleys
9696	Professional sports and racing, including promoters and managers
9811	Theatrical performers, musicians, agents, producers, and related services
9837	Other amusement and recreational services

8888	Unable to classify

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SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

(And Reconciliation of Forms 1099-B)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

OMB No. 1545-0074

1988

Attachment Sequence No. 12

Name(s) as shown on Form 1040: THOMAS J & SUSANNE M CAMPBELL

Your social security number: 347 38 4500

1 Report here the total sales of stocks, bonds, etc., reported for 1988 to you on Form(s) 1099-B or on equivalent substitute statement(s). If this amount differs from the total of lines 2b and 9b, column (d), attach a statement explaining the difference. See the instructions for line 1 for examples — 1 — 25809.

Part I **Short-Term Capital Gains and Losses - Assets Held One Year or Less (6 months or less if acquired before 1/1/88)**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (c) Date sold	(d) Sales price	(e) Cost or other basis	(f) LOSS (If (e) is more than (d) subtract (d) from (e))	(g) GAIN (If (d) is more than (e) subtract (e) from (d))
2a Stocks, Bonds, and Other Securities (Include all Form 1099-B transactions. See instructions.)					
2b Total (add column (d)) 2b ▶					
2c Other Transactions (Include Real Estate Transactions From Forms 1099-S)					

3 Short-term gain from sale or exchange of your home from Form 2119, line 8a or 14	3		
4 Short-term gain from installment sales from Form 6252, lines 22 or 30	4		
5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5		
6 Short-term capital loss carryover	6		
7 Add all of the transactions on lines 2a and 2c and lines 3 through 6 in columns (f) and (g)	7	( )	
8 Net short-term gain or (loss), combine columns (f) and (g) of line 7	8		

Part II **Long-Term Capital Gains and Losses - Assets Held More Than One Year (more than 6 months if acquired before 1/1/88)**

(a) Description of property	(b) Date acquired (c) Date sold	(d) Sales price	(e) Cost or other basis	(f) LOSS	(g) GAIN
9a Stocks, Bonds, and Other Securities (Include all Form 1099-B transactions. See instructions.)					
350 SH PULITZER	12/15/86 07/27/88	10093.	10063.		30.
350 SH PULITZER	12/15/86 09/14/88	9662.	10063.	401.	
225 SH MARRIOTT	05/04/87 09/14/88	6054.	6752.	698.	
9b Total (add column (d)) 9b ▶		25809.			
9c Other Transactions (Include Real Estate Transactions From Forms 1099-S)					

10 Long-term gain from sale or exchange of your home from Form 2119, line 8a, 10, or 14	10		
11 Long-term gain from installment sales from Form 6252, line 22 or 30	11		
12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	12		
13 Capital gain distributions	13		111.
14 Enter gain from Form 4797, line 7 or 9	14		
15 Long-term capital loss carryover	15		
16 Add all of the transactions on lines 9a and 9c and lines 10 through 15 in columns (f) and (g)	16	(1099.)	141.
17 Net long-term gain or (loss), combine columns (f) and (g) of line 16	17		-958.

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Schedule D (Form 1040) 1988 Attachment Sequence No. 12 OMB No. 1545-0074 Page 2

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on Page 1.)

THOMAS J & SUSANNE M CAMPBELL

Your social security number: 347 38 4500

Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If result is a gain, also enter the gain on Form 1040, line 13	18	-958.
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13 the smaller of: a The (loss) on line 18; or b ($3,000) or, if married filing a separate return, ($1,500) NOTE: When figuring which amount is smaller, treat them as if they were positive numbers	19	(958.)

Part IV Computation of Capital Loss Carryovers From 1988 to 1989

(Complete this part if the loss on line 18 is more than the loss on line 19.)

20	Enter the loss shown on line 8; if none, enter zero and skip lines 21 through 24	20	
21	Enter gain shown on line 17. If that line is blank or shows a loss, enter zero	21	
22	Subtract line 21 from line 20	22	
23	Enter the smaller of line 19 or 22	23	
24	Subtract line 23 from line 22. This is your short-term capital loss carryover from 1988 to 1989	24	
25	Enter loss from line 17; if none, enter zero and skip lines 26 through 29	25	
26	Enter gain shown on line 8. If that line is blank or shows a loss, enter zero	26	
27	Subtract line 26 from line 25	27	
28	Subtract line 23 from line 19. (Note: If you skipped lines 21 through 24, enter the amount from line 19.)	28	
29	Subtract line 28 from line 27. This is your long-term capital loss carryover from 1988 to 1989	29	

Part V Complete This Part Only If You Elect Out of the Installment Method and Report a Note or Other Obligation at Less Than Full Face Value

30 Check here if you elect out of the installment method ▶ ☐

31 Enter the face amount of the note or other obligation ▶

32 Enter the percentage of valuation of the note or other obligation ▶

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Form(s) 1099-B or an equivalent substitute statement(s) reporting bartering income.)

			Amount of bartering income from Form 1099-B or equivalent statement reported on form or schedule
33	Form 1040, line 22	33	
34	Schedule C (Form 1040)	34	
35	Schedule D (Form 1040)	35	
36	Schedule E (Form 1040)	36	
37	Schedule F (Form 1040)	37	
38	Other (identify) (if not taxable, indicate reason – attach additional sheets if necessary) ▶	38	
39	Total (add lines 33 through 38)	39	

Note: The amount on line 39 should be the same as the total bartering income on all Forms 1099-B and equivalent statements received.

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SCHEDULE E
(Form 1040)
Department of the Treasury
Internal Revenue Service

Supplemental Income Schedule

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)
▶ Attach to Form 1040, Form 1041, or Form 1041S.
▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074
1988
Attachment Sequence No. 13

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Your social security number: 347 38 4500

Part I Rental and Royalty Income or Loss

Caution: Your rental loss may be limited.

1 In the space provided below show the kind and location of each rental property.	2 For each rental property listed, did you or a member of your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? Yes	No	3 For each rental real estate property listed in item 1, did you actively participate in its operation during the tax year?	Yes	No
Property A ROOM RENTAL	▶	X	Property A	▶ X	
Property B	▶		Property B	▶	
Property C	▶		Property C	▶	

		Properties A	B	C	Totals (Add columns A, B, and C)	
Rental and Royalty Income						
4 Rents received		4000.			4	4000.
5 Royalties received					5	
Rental and Royalty Expenses						
6 Advertising	6					
7 Auto and travel	7					
8 Cleaning and maintenance	8	161.				
9 Commissions	9					
10 Insurance	10					
11 Legal and other professional fees	11					
12 Mortgage interest paid to banks, etc.	12	2445.			12	2445.
13 Other interest	13					
14 Repairs - Carpenter, screens, etc. - Electrical and plumbing - Painting and decorating - Roofing - Miscellaneous	14					
15 Supplies	15					
16 Taxes (Do not include windfall profit tax here. See Part V, line 40.)	16	171.				
17 Utilities	17	203.				
18 Wages and salaries	18					
19 Other (list) ▶ SEE SCHEDULE 5	19	173.				
20 Total expenses. Add lines 6 through 19	20	3153.			20	3153.
21 Depreciation expense or depletion	21	515.			21	515.
22 Total. Add lines 20 and 21	22	3668.				
23 Income or (loss) from rental or royalty properties. Subtract line 22 from line 4 (rents) or 5 (royalties)	23	332.				
24 Deductible rental loss. Caution: Your rental loss on line 23 may be limited. See Instructions to determine if you must file Form 8582.	24					

25 Profits. Add rental and royalty profits from line 23. Enter the total profits here	25	332.
26 Losses. Add royalty losses from line 23 and rental losses from line 24. Enter the total (losses) here	26	( )
27 Combine amounts on lines 25 and 26. Enter the net profit or (loss) here	27	332.
28 Net farm rental profit or loss from Form 4835. (Also complete Part VI, line 43.)	28	
29 Total rental or royalty income or (loss). Combine amounts on lines 27 and 28. Enter the total here. If Parts II, III, IV, and V on page 2 do not apply to you, enter the amount from line 29 on Form 1040, line 18. Otherwise, include the amount from line 29 in line 42 on page 2 of Schedule E	29	332.

H761 For Paperwork Reduction Act Notice, see Form 1040 Instructions.

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Schedule E (Form 1040) 1988 Attachment Sequence No. 13 OMB No. 1545-0074 Page 2

Name(s) as shown on return (Do not enter name and social security number if shown on Page 1.)

THOMAS J & SUSANNE M CAMPBELL

Your social security number 347 38 4500

Part II **Income or Loss From Partnerships and S Corporations**

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) to describe your investment in the activity. If you check column (f), you must attach Form 6198

	(a) Name	(b) [illegible] P [illegible] S	(c) Check if foreign partnership	(d) Employer identification number	[illegible] (e) [illegible]	(f) [illegible]
A						
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed from Form 8582	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 deduction	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
E					
30a Totals					
b Totals					

31 Add amounts in columns (h) and (k), line 30a. Enter total income here	31	
32 Add amounts in columns (g), (i), and (j), line 30b. Enter total here	32	( )
33 Total partnership and S corporation income or (loss.) Combine amounts on lines 31 and 32. Enter the total here and include in line 42 below	33	

Part III **Income or Loss From Estates and Trusts**

	(a) Name	(b) Employer identification number
A		
B		
C		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed from Form 8582	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
34a Totals				
b Totals				

35 Add amounts in columns (d) and (f), line 34a. Enter total income here	35	
36 Add amounts in columns (c) and (e), line 34b. Enter total loss here	36	( )
37 Total estate and trust income or (loss.) Combine amounts on lines 35 and 36. Enter the total here and include in line 42 below	37	

Part IV **Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38 Combine amounts in columns (d) and (e) only. Enter the total here and include in line 42 below	38	

Part V **Windfall Profit Tax Summary**

39 Windfall profit tax credit or refund received in 1988	39	—
40 Windfall profit tax withheld in 1988	40	( )
41 Combine amounts on lines 39 and 40. Enter the total here and include in line 42 below	41	

Part VI **Summary**

42 TOTAL income or (loss.) Combine amounts on lines 29, 33, 37, 38, and 41. Enter total here and on Form 1040, line 18 ▶			42	332.
43 Farmers and fishermen: Enter your share of GROSS FARMING AND FISHING INCOME applicable to Parts I, II, and III	43			

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

▶ Attach this form to your return.

R- 1

OMB No. 1545-0172
1988
Attachment Sequence No. 67

Name(s) as shown on return
THOMAS J & SUSANNE M CAMPBELL

Identifying number
347-38-4500

Business or activity to which this form relates

Part I **Depreciation** (Use Part III for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement.)

Section A. - Election to Expense Depreciable Assets (Section 179)

	(a) Description of property	(b) Date placed in service	(c) Cost	(d) Expense deduction
1				

2	Listed property - Enter total from Part III, Section A, column (h)	
3	Total (add lines 1 and 2, but do not enter more than $10,000)	
4	Enter the amount, if any, by which the cost of all section 179 property placed in service during this tax year is more than $200,000	
5	Subtract line 4 from line 3. If less than zero, enter zero	

Section B. - Depreciation

	(a) Class of property	(b) Date placed in service	(c) Basis for depreciation (Business use only)	(d) Recovery period	(e) Method of figuring depreciation	(f) Deduction
6	Modified Accelerated Cost Recovery System (MACRS): For assets placed in service ONLY during tax year beginning in 1988					
a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	Residential rental property					
h	Nonresidential real property					
7	Alternative Depreciation System (ADS)					
8	Listed property - Enter total from Part III, Section A, column (g)					
9	MACRS deduction for assets placed in service prior to 1988					

Section C. - ACRS and/or Other Depreciation

10	Property subject to section 168(f)(1) election	515.
11	ACRS and/or other depreciation	

Section D. - Summary

12	Total (add deductions on lines 5 through 11). Enter here and on the Depreciation line of your return (Partnerships and S corporations - Do NOT include any amounts entered on line 5.)	515.
13	For assets above placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	

Part II **Amortization**

1	Amortization for property placed in service only during tax year beginning in 1988. SEE DETAIL BELOW	
2	Amortization for property placed in service prior to 1988	
3	Total. Enter here and on Other Deductions or Other Expenses line of your return	

Depreciation and Amortization Detail

(a) Description of property	(b) Date placed in service	(c) Cost or other basis	(d) Amortization/ Code section	(e) Amortization period/ depreciation life	Line No.	(f) Deduction for this year

Form **4562** (1988)

H761 See Paperwork Reduction Act Notice on page 1 of the separate instructions.

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Form 4562 (1988) OMB No. 1545-0172 Page 2

Part III **Automobiles, Certain Other Vehicles, Computers, and Property Used for Entertainment, Recreation, or Amusement (Listed Property).**

If you are using the standard mileage rate or deducting vehicle lease expense, complete columns (a) through (d) of Section A, all of Section B, and Section C if applicable.

Section A. - Depreciation (If automobiles and other listed property placed in service after June 18, 1984, are used 50% or less in a trade or business, the section 179 deduction is not allowed and depreciation must be taken using the straight line method over 5 years. For other limitations, see instructions.)

Do you have evidence to support the business use claimed? ___ Yes ___ No If "Yes," is the evidence written? ___ Yes ___ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business use percentage (%)	(d) Cost or other basis	(e) Basis for depreciation (Business use only)	(f)		(g) Depreciation deduction	(h) Section 179 expense
Total (Enter here and on line 2, page 1.)							▨	
Total (Enter here and on line 8, page 1.)								▨

Section B. - Information Regarding Use of Vehicles

Complete this section as follows, if you deduct expenses for vehicles:

- Always complete this section for vehicles used by a sole proprietor, partner, or other more than 5% owner or related person.
- If you provided vehicles to employees, first answer the questions in Section C to see if you meet an exception to completing this section for those items.

Enter Item No. from Section A above in parentheses for each vehicle.

	Vehicle ( )		Vehicle ( )		Vehicle ( )		Vehicle ( )		Vehicle ( )		Vehicle ( )	
1 Total miles driven during the year												
2 Total business miles driven during the year												
3 Total commuting miles driven during the year												
4 Total other personal (noncommuting) miles driven												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5 Was the vehicle available for personal use during off-duty hours?												
6 Was the vehicle used primarily by a more than 5% owner or related person?												
7 Is another vehicle available for personal use?												

Section C. - Questions for Employers Who Provide Vehicles for Use by Employees.

(Answer these questions to determine if you meet an exception to completing Section B. **Note:** Section B must always be completed for vehicles used by sole proprietors, partners, or other more than 5% owners or related persons.)

	Yes	No
8 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
9 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? (See instructions for vehicles used by corporate officers, directors, or 1% or more owners.)		
10 Do you treat all use of vehicles by employees as personal use?		
11 Do you provide more than five vehicles to your employees and retain the information received from your employees concerning the use of the vehicles?		
12 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 8, 9, 10, 11, or 12 is "Yes," you need not complete Section B for the covered vehicles.	▨	▨

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

▶ Attach this form to your return.

OMB No. 1545-0172
1988
Attachment Sequence No. 67

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates:

Part I **Depreciation** (Use Part III for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement.)

Section A. - Election to Expense Depreciable Assets (Section 179)

1	(a) Description of property	(b) Date placed in service	(c) Cost	(d) Expense deduction

2	Listed property - Enter total from Part III, Section A, column (h)	
3	Total (add lines 1 and 2, but do not enter more than $10,000)	
4	Enter the amount, if any, by which the cost of all section 179 property placed in service during this tax year is more than $200,000	
5	Subtract line 4 from line 3. If less than zero, enter zero	

Section B. - Depreciation

(a) Class of property	(b) Date placed in service	(c) Basis for depreciation (Business use only)	(d) Recovery period	(e) [illegible]	(f) Deduction
6 Modified Accelerated Cost Recovery System (MACRS): For assets placed in service ONLY during tax year beginning in 1988					
a 3-year property					
b 5-year property					
c 7-year property					
d 10-year property					
e 15-year property					
f 20-year property					
g Residential rental property					
h Nonresidential real property					
7 Alternative Depreciation System (ADS)					
8 Listed property - Enter total from Part III, Section A, column (g)					
9 MACRS deduction for assets placed in service prior to 1988					

Section C. - ACRS and/or Other Depreciation

10	Property subject to section 168(f)(1) election	
11	ACRS and/or other depreciation	

Section D. - Summary

12	Total (add deductions on lines 5 through 11). Enter here and on the Depreciation line of your return (Partnerships and S corporations - Do NOT include any amounts entered on line 5.)		0.
13	For assets above placed in service during the current year, enter the portion of the basis attributable to section 263A costs.		

Part II **Amortization**

1	Amortization for property placed in service only during tax year beginning in 1988. SEE DETAIL BELOW	
2	Amortization for property placed in service prior to 1988	
3	Total. Enter here and on Other Deductions or Other Expenses line of your return	

Depreciation and Amortization Detail

(a) Description of property	(b) Date placed in service	(c) Cost or other basis	(d) Amortization/ Code section	(e) Amortization period/ depreciation life	Line No.	(f) Deduction for this year

Form 4562 (1988) OMB No. 1545-0172 Page 2

Part III Automobiles, Certain Other Vehicles, Computers, and Property Used for Entertainment, Recreation, or Amusement (Listed Property).

If you are using the standard mileage rate or deducting vehicle lease expense, complete columns (a) through (d) of Section A, all of Section B, and Section C if applicable.

Section A. - Depreciation (If automobiles and other listed property placed in service after June 18, 1984, are used 50% or less in a trade or business, the section 179 deduction is not allowed and depreciation must be taken using the straight line method over 5 years. For other limitations, see instructions.)

Do you have evidence to support the business use claimed? ___ Yes ___ No If "Yes," is the evidence written? ___ Yes ___ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business use percentage (%)	(d) Cost or other basis	(e) Basis for depreciation (Business use only)	(f)		(g) Depreciation deduction	(h) Section 179 expense
Total (Enter here and on line 2, page 1.)							▨	
Total (Enter here and on line 8, page 1.)								▨

Section B. - Information Regarding Use of Vehicles

Complete this section as follows, if you deduct expenses for vehicles:

- Always complete this section for vehicles used by a sole proprietor, partner, or other more than 5% owner or related person.
- If you provided vehicles to employees, first answer the questions in Section C to see if you meet an exception to completing this section for those items.

Enter Item No. from Section A above in parentheses for each vehicle.

	Vehicle ( )		Vehicle ( )		Vehicle ( )		Vehicle ( )		Vehicle ( )		Vehicle ( )	
1 Total miles driven during the year												
2 Total business miles driven during the year												
3 Total commuting miles driven during the year												
4 Total other personal (noncommuting) miles driven												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5 Was the vehicle available for personal use during off-duty hours?												
6 Was the vehicle used primarily by a more than 5% owner or related person?												
7 Is another vehicle available for personal use?												

Section C. - Questions for Employers Who Provide Vehicles for Use by Employees.

(Answer these questions to determine if you meet an exception to completing Section B. **Note:** Section B must always be completed for vehicles used by sole proprietors, partners, or other more than 5% owners or related persons.)

	Yes	No
8 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
9 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? (See instructions for vehicles used by corporate officers, directors, or 1% or more owners.)		
10 Do you treat all use of vehicles by employees as personal use?		
11 Do you provide more than five vehicles to your employees and retain the information received from your employees concerning the use of the vehicles?		
12 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 8, 9, 10, 11, or 12 is "Yes," you need not complete Section B for the covered vehicles.

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Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or 1041.

OMB No. 1545-1008
1988
Attachment Sequence No. **88**

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Social security or employer identification number: 347 38 4500

Part I Computation of 1988 Passive Activity Loss

Caution: See the instructions for Worksheet 1 before completing Part I.

Rental Real Estate Activities With Active Participation (See the definition of active participation under **Rental Activities** in the instructions.)

	Activities acquired before 10-23-86 (Pre-enactment):				
1a	Activities with net income, Worksheet 1, Part 1, column (a)	1a	332.		
1b	Activities with net loss, Worksheet 1, Part 1, column (b)	1b			
1c	Combine lines 1a and 1b	1c	332.		
	Activities acquired after 10-22-86 (Post-enactment):				
1d	Activities with net income, Worksheet 1, Part 2, column (a)	1d			
1e	Activities with net loss, Worksheet 1, Part 2, column (b)	1e			
1f	Combine lines 1d and 1e	1f			
1g	Net income or (loss). Combine lines 1c and 1f			1g	332.
1h	Prior year unallowed losses from 1987, Worksheet 1, Parts 1 and 2, column (c)			1h	
1i	Combine lines 1g and 1h			1i	332.

All Other Passive Activities (See the instructions for lines 2a through 2h)

	Activities acquired before 10-23-86 (Pre-enactment):				
2a	Activities with net income, Worksheet 2, Part 1, column (a)	2a			
2b	Activities with net loss, Worksheet 2, Part 1, column (b)	2b			
2c	Combine lines 2a and 2b	2c			
	Activities acquired after 10-22-86 (Post-enactment):				
2d	Activities with net income, Worksheet 2, Part 2, column (a)	2d			
2e	Activities with net loss, Worksheet 2, Part 2, column (b)	2e			
2f	Combine lines 2d and 2e	2f			
2g	Net income or (loss). Combine lines 2c and 2f			2g	
2h	Prior year unallowed losses from 1987, Worksheet 2, Parts 1 and 2, column (c)			2h	
2i	Combine lines 2g and 2h			2i	
3	Combine lines 1i and 2i. If the result is net income or -0-, see the instructions for line 3. If this line and line 1c or line 1i are losses, go to line 4. Otherwise, enter -0- on lines 8 and 9 and go to line 10			3	332.

Part II Computation of the Special Allowance for Rental Real Estate With Active Participation

Note: Before completing Parts II and III, see the instructions for how to treat numbers as if they were all positive.

4	Enter the smaller of the loss on line 1i or the loss on line 3. If line 1i is -0- or net income, enter -0- and complete lines 5 through 9			4	
5	Enter $150,000. If married filing separately, see instructions	5			
6	Enter modified adjusted gross income, but not less than -0-, (see instructions). If line 6 is equal to or greater than line 5, skip line 7, enter -0- on lines 8 and 9, and then go to line 10. Otherwise, go to line 7	6			
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions			8	
9	Enter the smaller of line 4 or line 8			9	

Part III Computation of Passive Activity Loss Allowed

10	Combine lines 1c and 2c and enter the result. If the result is -0- or net income, skip to line 16. (See instructions)	10	
11	If line 1c shows income, has no entry, or shows -0-, enter -0- on line 11. Otherwise, enter the smaller of line 1c or line 8	11	
12	Subtract line 11 from line 10. If line 11 is equal to or greater than line 10, enter -0-.	12	
13	Subtract line 9 from line 3	13	
14	Enter the smaller of line 12 or line 13	14	
15	Multiply line 14 by 40% (.4) and enter the result	15	
16	Enter the amount from line 9	16	
17	**Passive Activity Loss Allowed for 1988.** Add lines 15 and 16	17	
18	Add the income, if any, on lines 1a, 1d, 2a, and 2d and enter the result	18	
19	**Total losses allowed from all passive activities for 1988.** Add lines 17 and 18. See the instructions to see how to report the losses on your tax return	19	

H761 **For Paperwork Reduction Act Notice, see separate instructions.**

Form 8582 (1988)

06500545 943817 3285

Depreciation and Amortization detail

R- 1

A. Type of property	B. Date placed in service	C. Cost or other basis	Basis reduction	D. Prior depreciation	[illegible]	F. Life or rate	Line No.	G. Deduction for this year
RENTAL ROOM	051884	7350.		2206.	PRE	18.00	11	515.

* = Section 179/Bonus

Depreciation and Amortization detail

A. Type of property	B. Date placed in service	C. Cost or other basis	Basis reduction	D. Prior depreciation	[illegible]	F. Life or rate	Line No.	G. Deduction for this year
COMPUTER	050887	1540.		0.				

* * Section 179/Bonus

```
===========================================================================
FEDERAL TAX WITHHELD                                           SCHEDULE  1
===========================================================================
T  WAGES/SALARIES
                                                                   22174.
                                                            -------------
   TOTAL TAX WITHHELD TO FORM 1040, LINE 54                        22174.
                                                            =============
===========================================================================
SCHEDULE A                PERSONAL INTEREST EXPENSE            SCHEDULE  2
===========================================================================

FTB
NW MUTUAL LIFE                                                       142.
CITIBANK CREDIT LINE                                                 234.
CREDIT AND CHARGE CARDS                                             2001.
BANK LOAN                                                           3612.
                                                                     119.
                                                            -------------
TOTAL TO SCHEDULE A, LINE 12A                                       6108.
                                                            =============
===========================================================================
SCHEDULE A                NON-CASH CONTRIBUTIONS               SCHEDULE  3
===========================================================================
                                      AMOUNT        AMOUNT        AMOUNT
DESCRIPTION                          50% LIMIT     30% LIMIT     20% LIMIT
-----------                        ------------- ------------- -------------
MISC                                        279.
                                   ------------- ------------- -------------
TOT           JLE A, LINE 15                279.
                                   ============= ============= =============
      =====================================================================
     _E B                 CAPITAL GAIN DISTRIBUTIONS           SCHEDULE  4
    =======================================================================
NAME OF PAYER                                                       AMOUNT
-------------                                               -------------
FERRIS & CO                                                          111.
                                                            -------------
TOTAL TO SCHEDULE B, LINE 6                                          111.
                                                            =============
===========================================================================
SCHEDULE E                     OTHER EXPENSES                  SCHEDULE  5
===========================================================================
                                           GROSS        EXCL         NET
DESCRIPTION                               AMOUNT       AMOUNT       AMOUNT
-----------                             -----------  -----------  -----------
GARDENING                                      136.                     136.
HAULING                                         20.                      20.
EXTRA PICKUP                                    17.                      17.
                                                                  -----------
  TOTAL EXPENSES TO SCHEDULE E, LINE 19                                 173.
                                        ===========  ===========  ===========
```

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 SCHEDULE 6

PRE-ENACTMENT INTERESTS

NAME OF ACTIVITY	NET INCOME	NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	LOSS
	332.			332.	
TOTALS	332.			332.	

FORM **540**

California Long Tax Form

TAX YEAR **1988** DX

Step 1 Name and Address

Use the California mailing label. Otherwise, please print or type. Fiscal year beginning 1988 ending 19

Do Not Use These Spaces: P M A R E

THOMAS J & SUSANNE M CAMPBELL
665 ALVARADO ROW
STANFORD, CA 94305

Your social security number 347 38 4500

Spouse's social security number 223 86 9242

Step 2 Filing Status

Check only one

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and name here.
4 ☐ Head of household. Enter name and relationship of qualifying person. Do not claim this person as a dependent
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19 ____

Step 3 Exemptions

6 If someone (such as your parent) can claim you as a dependent, check here, skip lines 7 through 10 and enter -0- on line 11	• 6 ☐	
7 Personal: If you checked box 1 or 3 above, enter $52. If you checked box 2, 4 or 5, enter $104	7	104.
8 Blind: If you or your spouse is visually impaired, enter $52. If both are visually impaired, enter $104	8	
9 Elderly: If you or your spouse is 65 or older, enter $52. If both are 65 or older, enter $104	• 9	
10 Dependents: Enter name and relationship. Do not include yourself, spouse or person listed in Step 2 above. Number of Dependents ____ x $52	10	
11 Total exemption credits. Add lines 7 through 10. Enter here and on line 20 below	11	104.

Step 4 Taxable Income

Attach copy of your Form(s) W-2 here

12a Wages (included in your federal adjusted gross income) from line 7 of your Form 1040, line 7 of your Form 1040A, or line 1 of your Form 1040EZ	• 12a	62904.
12b Federal adjusted gross income from line 31 of your Form 1040, line 13 of your Form 1040A, or line 3 of your Form 1040EZ	12b	63554.
13 California adjustments – subtractions. Enter amount from Schedule CA, line 14	• 13	506.
14 Subtract line 13 from line 12b. If less than zero, enter the result in brackets. See instructions	14	63048.
15 California adjustments – additions. Enter amount from Schedule CA, line 21	• 15	
16 California adjusted gross income. Combine line 14 and line 15. If $19,850 or less, see instructions	• 16	63048.
17 Enter the larger of: • Your standard deduction (See instructions), OR • Your itemized deductions (from Schedule CA, line 28).	• 17	26803.
18 Taxable income. Subtract line 17 from line 16. If less than zero, enter zero	18	36245.

Step 5 Figure Your Tax and Credits

Attach check or money order here

19 Enter tax. Check if from ☒ Tax Table, ☐ Schedule G-1, or ☐ FTB 3800. Caution: If under age 14 and you have more than $1,000 of investment income, read line 19 instructions to see if form FTB 3800 must be attached.			• 19	1163.
20 Exemption credits. Enter amount from line 11 above	20	104.		
21 Credit for child and dependent care expenses. See instructions	• 21			
22 Credit for taxpayers with military income. See instructions	• 22			
23 Total credits. Add lines 20 through 22			23	104.
24a Subtract line 23 from line 19. If less than zero, enter zero. Continue on page 2			24a	1059.

For Privacy Act Notice, see instructions.

Step 6
Special Credits

24b Amount from line 24a on page 1 — 24b 1059.
25 Enter credit name ______ Code no. ____ and amount ◆ 25 ______
26 Enter credit name ______ Code no. ____ and amount ◆ 26 ______
27 To claim more than two credits, enter the amount from Schedule SC, line 30 — ● 27 ______
28 Credit for taxpayers with limited income — ● 28 ______
29 Total credits. Add lines 25 through 28 — 29 ______
30 Subtract line 29 from line 24b. If less than zero, enter zero — 30 1059.

Step 7
Other Taxes

31 Alternative minimum tax. Attach Schedule P (540) — ● 31 ______
32 Tax on an IRA or a qualified retirement plan. Attach form FTB 3805P — ● 32 ______
33 Total tax. Add lines 30 through 32 — ● 33 1059.

Step 8
Payments

34 California income tax withheld. Enter total from your 1988 W-2 forms — ■ 34 2928.
35 1988 California estimated tax and amount applied from 1987 return. Include amount paid with any extension request (form FTB 3502) — ■ 35 ______
36 Renter's credit. Enter amount from Schedule H (540), line 8 — ■ 36 ______
37 Excess California SDI withheld — ■ 37 ______
38 Total payments. Add lines 34 through 37 — 38 2928.

Step 9
Overpaid Tax or Tax Due

39 Overpaid tax. If line 38 is larger than line 33, subtract line 33 from line 38. — 39 1869.
40 Amount of line 39 to be applied to your 1989 estimated tax — ■ 40 ______
41 Amount of overpaid tax available this year. Subtract line 40 from line 39 — ■ 41 1869.
42 Tax due. If line 33 is larger line 38, subtract line 38 from line 33. — 42 ______

Step 10
Voluntary Contributions

You may make a contribution of $1 or more to the following funds:
43 Alzheimer's Disease/Related Disorders Fund — ● 43 ______
44 California Fund for Senior Citizens — ● 44 ______
45 Rare and Endangered Species Preservation Program — ● 45 ______
46 State Children's Trust Fund for the Prevention of Child Abuse — ● 46 ______
47 United States Olympic Committee Fund — ● 47 ______
48 Vietnam Veterans Memorial Fund — ● 48 ______
49 California Election Campaign Fund } 49 Your Political Party ______ Amount ($25 max) ▶ 49 ______
50 Spouse's Political Party ______ Amount ($25 max) ▶ 50 ______
51 Total Contributions. Add lines 43 through 50 — ● 51 0.

Step 11
Refund or Amount You Owe

52 **REFUND OR NO AMOUNT DUE.** Subtract line 51 from line 41. Mail your return to: Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0000 — ■ 52 1869.

53 **AMOUNT YOU OWE.** Add line 42 and line 51. Attach check or money order for full amount payable to "Franchise Tax Board." Write your social security number and "1988 Form 540" on it. Mail it with your return to: Franchise Tax Board, P.O. Box 942867, Sacramento, CA 94267-0001 — ■ 53 ______

Step 12
Penalties and Interest

54 Late return and late payment penalties and interest — 54 ______
55 Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check box at right ☐ ● 55 ______
56 To reduce State printing costs, if you and your tax preparer do not need California income tax forms and instructions mailed to you next year, check box at right — ● 56 ☒

Step 13
Sign Your Return

IMPORTANT: You must attach a copy of your federal income tax return and federal schedules.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

4

Attach copy of federal return to this return

Your signature
X
Spouse's Signature (if filing jointly, both must sign)
X
Date

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)
Paul D. Hancock

Preparer's SSN/FEIN
492-50-6760
94-2773669

Firm's name (or yours if self-employed)
PAUL D HANCOCK ACCTCY CORP

Firm's address
2105 HAMILTON AVENUE SUITE 370
SAN JOSE CA
95125

SCHEDULE

CA California Adjustments

TAX YEAR 1988

Important: Attach this schedule directly behind Form 540.

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Social Security Number: 347 38 4500

PART I ADJUSTMENTS TO FEDERAL ADJUSTED GROSS INCOME

Step 1 Subtractions

1 State income tax refund from federal Form 1040, line 10	1	
2 Unemployment compensation from federal Form 1040, line 20 or Form 1040A, line 10	2	
3 Social security benefits from federal Form 1040, line 21b	3	
4 California nontaxable interest income. See instructions	4	506.
5 Railroad retirement benefits and sick pay. See instructions	5	
6 California Lottery winnings. See instructions	6	
7 IRA distributions. See instructions	7	
8 Pensions and annuities. See instructions	8	
9 Passive activity loss. See instructions	9	
10 Depreciation and amortization from form FTB 3885A, line 8a and line 9a	10	
11 Capital gains or (losses) from California Schedule D, line 10a	11	
12 Other gains or (losses) from California Schedule D-1, line 21a	12	
13 Other subtractions: a California net operating loss deduction from your 1987 form FTB 3805V and form FTB 3805Z. See instructions	13a	
b Other. See instructions. Specify	13b	
14 Total subtractions. Add lines 1 through 13b. Enter here and on Form 540, line 13	14	506.

Step 2 Additions

15 Interest on state and municipal bonds from a state other than California. See instructions	15	
16 Passive activity loss. See instructions	16	
17 Depreciation and amortization from form FTB 3885A, line 8b and line 9b	17	
18 Capital gains or (losses) from California Schedule D, line 10b	18	
19 Other gains or (losses) from California Schedule D-1, line 21b	19	
20 Other additions: a Federal net operating loss deduction from your 1988 federal Form 1040, line 22	20a	
b Other. See instructions. Specify	20b	
21 Total additions. Add lines 15 through 20b. Enter here and on Form 540, line 15	21	0.

PART II ADJUSTMENTS TO FEDERAL ITEMIZED DEDUCTIONS

22 Federal itemized deductions from federal Schedule A, line 26	22	34318.
23 State and local income taxes from federal Schedule A, line 5 and foreign income taxes. See instructions	23	7515.
24 Subtract line 23 from line 22	24	26803.
25 Other adjustments. See instructions. Specify	25	
26 California itemized deductions. Combine line 24 and line 25	26	26803.

If your California itemized deductions on line 26 are larger than your standard deduction, enter your California itemized deductions on Form 540, line 17. Otherwise, enter your standard deduction on Form 540, line 17.

ALT. MIN. TAX CALCULATION

YEAR **1988**

Passive Activity Loss Limitations

CALIFORNIA FORM **3801**

▶ Attach to Form 540, 540NR, 541 or 100S (S corporations)

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Social security no. Calif. corporation no. or F.E.I.N.: 347-38-4500

Part I Computation of 1988 Passive Activity Loss

Caution: See the instructions for Worksheet 1 in federal Form 8582 before completing Part I. Be sure to use California amounts.

	Rental Real Estate Activities with Active Participation				
	Activities acquired before 10-23-86 (Pre-enactment):				
1a	Activities with net income from federal Worksheet 1, Part 1, column (a)	1a	332.		
1b	Activities with net loss from federal Worksheet 1, Part 1, column (b)	1b			
1c	Combine line 1a and line 1b	1c	332.		
	Activities acquired after 10-22-86 (Post-enactment):				
1d	Activities with net income from federal Worksheet 1, Part 2, column (a)	1d			
1e	Activities with net loss from federal Worksheet 1, Part 2, column (b)	1e			
1f	Combine line 1d and line 1e	1f			
1g	Net income or (loss). Combine line 1c and line 1f			1g	332.
1h	Prior year unallowed losses from 1987 from federal Worksheet 1, Parts 1 and 2, column (c) (see instructions)			1h	
1i	Combine line 1g and line 1h			1i	332.
	All Other Passive Activities (see the instructions for federal Form 8582 for lines 2a through 2h.)				
	Activities acquired before 10-23-86 (Pre-enactment):				
2a	Activities with net income from federal Worksheet 2, Part 1, column (a)	2a			
2b	Activities with net loss from federal Worksheet 2, Part 1, column (b)	2b			
2c	Combine line 2a and line 2b	2c			
	Activities acquired after 10-22-86 (Post-enactment):				
2d	Activities with net income from federal Worksheet 2, Part 2, column (a)	2d			
2e	Activities with net loss from federal Worksheet 2, Part 2, column (b)	2e			
2f	Combine line 2d and line 2e	2f			
2g	Net income or (loss). Combine line 2c and line 2f			2g	
2h	Prior year unallowed losses from 1987 from federal Worksheet 2, Parts 1 and 2, column (c) (see instructions)			2h	
2i	Combine line 2g and line 2h			2i	
3	Combine line 1i and 2i. If the result is net income or -0- , see the instructions for line 3. If line 3 and line 1c or line 1i are losses, go to line 4. Otherwise, enter -0- on line 8 and line 9 and go to line 10 (see instructions)			3	332.

Part II Computation of the Special Allowance for Rental Real Estate with Active Participation

Note: Before completing Parts II and III, see the instructions for how to treat numbers as if they were all positive.

4	Enter the smaller of the loss on line 1i or the loss on line 3. If line 1i is -0- or net income, enter -0- and complete lines 5 through 9			4	
5	Enter $150,000 ($75,000 if married filing separately and you lived apart for the entire year).	5			
6	Enter modified adjusted gross income, but not less than -0- (see instructions). If line 6 is equal to or greater than line 5, skip line 7, enter -0- on line 8 and line 9, and then go to line 10. Otherwise, go to line 7	6			
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (.5). Do not enter more than $25,000 ($12,500 if married filing separately and you lived apart for the entire year)			8	
9	Enter the smaller of line 4 or line 8			9	

Part III Computation of Passive Activity Loss Allowed

10	Combine line 1c and line 2c and enter the result. If the result is -0- or net income, skip to line 18	10	
11	If line 1c shows income, has no entry, or shows -0- , enter -0- on line 11. Otherwise, enter the smaller of line 1c or line 8	11	
12	Subtract line 11 from line 10. If line 11 is equal to or greater than line 10, enter -0-	12	
13	Subtract line 9 from line 3	13	
14	Enter the smaller of line 12 or line 13	14	
15	Multiply line 14 by 40% (.40) and enter the result	15	
16	Enter the amount from line 9	16	
17	Passive activity loss allowed for 1988. Add line 15 and line 16	17	
18	Add the income, if any, on line 1a, line 1d, line 2a, and line 2d and enter the result	18	
19	Total losses allowed from all passive activities for 1988. Add line 17 and line 18 (see Step 3 instructions)	19	

YEAR
1988

Passive Activity Loss Limitations

CALIFORNIA FORM
3801

▶ Attach to Form 540, 540NR, 541 or 100S (S corporations)

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Social security no., Calif. corporation no. or F.E.I.N.: 347-38-4500

Part I Computation of 1988 Passive Activity Loss

Caution: See the instructions for Worksheet 1 in federal Form 8582 before completing Part I. Be sure to use California amounts.

	Rental Real Estate Activities with Active Participation				
	Activities acquired before 10-23-86 (Pre-enactment):				
1a	Activities with net income from federal Worksheet 1, Part 1, column (a)	1a	332.		
1b	Activities with net loss from federal Worksheet 1, Part 1, column (b)	1b			
1c	Combine line 1a and line 1b	1c	332.		
	Activities acquired after 10-22-86 (Post-enactment):				
1d	Activities with net income from federal Worksheet 1, Part 2, column (a)	1d			
1e	Activities with net loss from federal Worksheet 1, Part 2, column (b)	1e			
1f	Combine line 1d and line 1e	1f			
1g	Net income or (loss). Combine line 1c and line 1f			1g	332.
1h	Prior year unallowed losses from 1987 from federal Worksheet 1, Parts 1 and 2, column (c) (see instructions)			1h	
1i	Combine line 1g and line 1h			1i	332.
	All Other Passive Activities (see the instructions for federal Form 8582 for lines 2a through 2h.)				
	Activities acquired before 10-23-86 (Pre-enactment):				
2a	Activities with net income from federal Worksheet 2, Part 1, column (a)	2a			
2b	Activities with net loss from federal Worksheet 2, Part 1, column (b)	2b			
2c	Combine line 2a and line 2b	2c			
	Activities acquired after 10-22-86 (Post-enactment):				
2d	Activities with net income from federal Worksheet 2, Part 2, column (a)	2d			
2e	Activities with net loss from federal Worksheet 2, Part 2, column (b)	2e			
2f	Combine line 2d and line 2e	2f			
2g	Net income or (loss). Combine line 2c and line 2f			2g	
2h	Prior year unallowed losses from 1987 from federal Worksheet 2, Parts 1 and 2, column (c) (see instructions)			2h	
2i	Combine line 2g and line 2h			2i	
3	Combine line 1i and 2i. If the result is net income or -0- , see the instructions for line 3. If line 3 and line 1c or line 1i are losses, go to line 4. Otherwise, enter -0- on line 8 and line 9 and go to line 10 (see instructions)			3	332.

Part II Computation of the Special Allowance for Rental Real Estate with Active Participation

Note: Before completing Parts II and III, see the instructions for how to treat numbers as if they were all positive.

4	Enter the smaller of the loss on line 1i or the loss on line 3. If line 1i is -0- or net income, enter -0- and complete lines 5 through 9			4	
5	Enter $150,000 ($75,000 if married filing separately and you lived apart for the entire year).	5			
6	Enter modified adjusted gross income, but not less than -0- (see instructions). If line 6 is equal to or greater than line 5, skip line 7, enter -0- on line 8 and line 9, and then go to line 10. Otherwise, go to line 7	6			
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (.5). Do not enter more than $25,000 ($12,500 if married filing separately and you lived apart for the entire year)			8	
9	Enter the smaller of line 4 or line 8			9	

Part III Computation of Passive Activity Loss Allowed

10	Combine line 1c and line 2c and enter the result. If the result is -0- or net income, skip to line 16	10	
11	If line 1c shows income, has no entry, or shows -0- , enter -0- on line 11. Otherwise, enter the smaller of line 1c or line 8	11	
12	Subtract line 11 from line 10. If line 11 is equal to or greater than line 10, enter -0-	12	
13	Subtract line 9 from line 3	13	
14	Enter the smaller of line 12 or line 13	14	
15	Multiply line 14 by 40% (.40) and enter the result	15	
16	Enter the amount from line 9	16	
17	Passive activity loss allowed for 1988. Add line 15 and line 16	17	
18	Add the income, if any, on line 1a, line 1d, line 2a, and line 2d and enter the result	18	
19	Total losses allowed from all passive activities for 1988. Add line 17 and line 18 (see Step 3 instructions)	19	

CALIFORNIA FORM
3885A

Depreciation and Amortization Adjustments

TAXABLE YEAR
1988

Depreciation and amortization for assets (property) placed in service on or before 12/31/86:

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Social security number: 347-38-4500

1 Passive Activities (see instruction C):

				Depreciation of Assets		
(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) [illegible]	(f) Life or rate	(g) Depreciation for this year
RENTAL ROOM	05/18/84	7350.	2206.	PRE	18.00	515.

Totals .... 1(g) 515.

				Amortization of Property		
(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(h) Code section	(i) Period or percentage	(j) Amortization for this year

Totals .... 1(j)

2 Nonpassive Activities (see instruction C):

				Depreciation of Assets		
(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) [illegible]	(f) Life or rate	(g) Depreciation for this year
		0.	0.		0.00	0.

Totals .... 2(g)

				Amortization of Property		
(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(h) Code section	(i) Period or percentage	(j) Amortization for this year

Totals .... 2(j)

Depreciation

3 California depreciation from nonpassive activities for assets placed in service on or after January 1, 1987. See instructions and enter the amount from line 3 of the worksheet in the instructions. **Note:** Be sure to make adjustments for any basis differences. 3

4 Total California depreciation from nonpassive activities. Add line 2(g) and line 3 4

5 Total federal depreciation from nonpassive activities. Enter the amount that relates to nonpassive activities from federal Form 4562, Part I, line 12 5

6 Depreciation Adjustment

a If line 4 is larger than line 5, subtract line 5 from line 4. Enter the difference here and on Schedule CA, line 10 .... 6a

b If line 4 is less than line 5, subtract line 4 from line 5. Enter the difference here and on Schedule CA, line 17 .... 6b

Amortization

7 Total California amortization from nonpassive activities.
Add line 2(j) and the amount that relates to nonpassive activities from federal Form 4562, Part II, line 1, column (f) 7
Note: Be sure to make adjustments for any basis differences.

8 Total federal amortization from nonpassive activities. Enter the amount that relates to nonpassive activities from federal Form 4562, Part II, line 3 8

9 Amortization Adjustment

a If line 7 is larger than line 8, subtract line 8 from line 7. Enter the difference here and on Schedule CA, line 10 .... 9a

b If line 7 is less than line 8, subtract line 7 from line 8. Enter the difference here and on Schedule CA, line 17 .... 9b

```
================================================================================
FORM 8582                    ALTERNATIVE MINIMUM TAX                SCHEDULE   1
                    ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1
                           PRE-ENACTMENT INTERESTS
================================================================================

                                                    PRIOR YEAR
                                                    UNALLOWED    OVERALL GAIN OR LOSS
  NAME OF ACTIVITY       NET INCOME  NET LOSS         LOSS          GAIN       LOSS
  ----------------       ----------  --------         ----          ----       ----
                                                                    332.
                         ---------- ----------- ----------- ---------- -----------
TOTALS                                                              332.
                         ========== =========== =========== ========== ===========
================================================================================
FORM 8582          ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1        SCHEDULE   2
                         PRE-ENACTMENT INTERESTS
================================================================================

                                                    PRIOR YEAR
                                                    UNALLOWED    OVERALL GAIN OR LOSS
  NAME OF ACTIVITY       NET INCOME   NET LOSS        LOSS          GAIN       LOSS
  ----------------       ----------   --------        ----          ----       ----
                               332.                                 332.
                         ---------- ----------- ----------- ---------- -----------
TOTALS                         332.                                 332.
                         ========== =========== =========== ========== ===========
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U.S. Individual Income Tax Return

For the year January - December 31, 1988, or other tax year beginning 1988, ending 19 OMB No. 1545-0074

THOMAS J & SUSANNE M CAMPBELL
665 ALVARADO ROW
STANFORD CA 94305

Your social security number 347-38-4500
Spouse's social security no. 223-86-9242
For Privacy Act and Paperwork Reduction Act Notice, see Instr.

Presidential Election Campaign ▶ Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No
Note: Checking Yes will not change your tax or reduce your refund.

Filing Status
Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income).
3 ☐ Married filing separate return. Enter spouse's S.S. no. above & full name here.
4 ☐ Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here.
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 7 of Instructions.)

Exemptions
(See Instructions on page 8.)

6a ☒ **Yourself** If someone (such as your parent) can claim you as a dependent, on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☒ **Spouse**
No. of boxes checked on 6a and 6b: 2

c **Dependents**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1988

If more than 6 dependents, see Instructions on page 8.

No. of children on 6c who:
● lived with you
● didn't live with you due to divorce or separation (see page 9)
No. of other dependents on 6c

COPY

d If your child didn't live with you but is claimed as your dep. under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above ▶ 2

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6 of Instructions.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	81,544
8a	Taxable interest income (also attach Schedule B if over $400)	8a	382
b	Tax-exempt int. inc. (See page 10.) DON'T incl. on line 8a 8b		
9	Dividend income (also attach Schedule B if over $400)	9	5,363
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instr.	10	1,869
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	-2,767
13	Capital gain or (loss) (attach Schedule D)	13	1,552
14	Capital gain distributions not reported on line 13 (see page 11)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions 16a; 16b. Taxable amount (see page 11)	16b	
17a	Total pensions and annuities 17a; 17b. Taxable amount (see page 12)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (insurance) (see page 13)	20	
21a	Social security benefits. 21a; 21b Taxable amount, (see page 13)	21b	
22	Other income (list type and amount—see page 13) SEE STATEMENT	22	870
23	Add the amounts shown in the far right column for lines 7-22. This is your total income ▶	23	88,813

Adjustments to Income

24	Your IRA deduct., from applic. worksheet on page 14 or 15	24	
25	Spouse's IRA ded. from applic. worksheet on page 14 or 15	25	
26	Self-empl. health insurance ded. from worksheet on page 15	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony pd. a (recipient's last name and b social security no.)	29	
30	Add lines 24 through 29. These are your total adjustments. ▶	30	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your adjusted gross income. If this line is less than $19,340 and a child lived with you, see "Earned Income Credit" (line 58) on page 20 of Instructions. If you want IRS to figure your tax, see page 16 of Instructions. ▶	31	88,813

10/27/88

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Form 1040 (1989) Page 2

Tax Compu-tation	32 Amount from line 31 (adjusted gross income)			32	88,813
	33a Check if: ☐ You were 65 or over ☐ Blind ☐ Spouse was 65 or over ☐ Blind. Add the number of boxes checked and enter the total here ▶			33a	
	b If someone (such as your parent) can claim you as a dependent, check here ▶			33b ☐	
	c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here ▶			33c ☐	
	34 Enter the larger of: ● Your **standard deduction** (from page 17 of the instructions), OR ● Your **itemized deductions** (from Schedule A, line 28). If you itemize, attach Schedule A and check here ▶ ☒			34	38,555
	35 Subtract line 34 from line 32. Enter the result here			35	50,258
	36 Multiply $2,000 by the total number of exemptions claimed on line 6e			36	4,000
	37 **Taxable income.** Subtract line 36 from line 35. Enter result. (If less than zero enter zero.)			37	46,258
	Caution: If under age 14 and you have more than $1,000 of investment income, check here ▶ ☐ and see page 17 to see if you have to use Form 8615 to figure your tax.				
	38 Enter tax. Check if from a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (If any is from Form(s) 8814, enter that amount here ▶ d ____)			38	8,934
	39 Additional taxes (see page 18). Check if from: a ☐ Form 4970 or b ☐ Form 4972			39	
	40 Add lines 38 and 39. Enter the total ▶			40	8,934
Credits (See Instructions on page 18.)	41 Credit for child & dependent care exp. (attach Form 2441)	41			
	42 Credit for the elderly or the disabled (attach Schedule R)	42			
	43 Foreign tax credit (attach Form 1116)	43			
	44 General business credit. Check if from a ☐ Form 3800, or b ☐ Form (specify) ____	44			
	45 Credit for prior year minimum tax (attach Form 8801)	45			
	46 Add lines 41 thru 45. Enter the total			46	
	47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero) ▶			47	8,934
Taxes (Including Advance EIC Payments)	48 Self-employment tax (attach Schedule SE)			48	
	49 Alternative minimum tax (attach Form 6251)			49	
	50 Recapture taxes (see page 18). Check if from: a ☐ Form 4255 or b ☐ Form 8611			50	
	51 Social security tax on tip income not reported to employer (attach Form 4137)			51	
	52 Tax on an IRA or a qualified retirement plan (attach Form 5329)			52	
	53 Add lines 47 through 52. Enter the total ▶			53	8,934
Medicare Premium	54 Supplemental Medicare Premium (Attach Form 8808)			54	
	55 Add lines 53 and 54. Enter the total. This is your total tax and any supplemental Medicare premium ▶			55	8,934
Payments (Attach Forms W-2, W-2G, and W-2P to front.)	56 Fed inc tax withheld (if any from Form(s) 1099, check ▶ ☐)	56	17,612		
	57 1989 estimated tax paymts & amt applied from 1988 return	57			
	58 Earned income credit. (see page 20)	58			
	59 Amount paid with Form 4868 (extension request)	59			
	60 Excess social security tax and RRTA tax withheld (see page 20)	60			
	61 Credit for Fed. tax on fuels (attach Form 4136)	61			
	62 Regulated investment company credit (attach Form 2439)	62			
	63 Add lines 56 through 62. These are your total payments ▶			63	17,612
Refund or Amount You Owe	64 If line 63 is larger than line 55, enter amount OVERPAID ▶			64	8,678
	65 Amount of line 64 to be REFUNDED TO YOU ▶			65	8,678
	66 Amount of line 64 to be APPLIED TO 1990 EST. TAX ▶	66			
	67 If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, & "1989 Form 1040" on it			67	
	68 Penalty for underpayment of estimated tax (see page 21)	68			

Sign Here (Keep a copy of this return for your records.)

Under penalties of perjury, [illegible] the accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. [illegible] (other than taxpayer) is based on all information of which preparer has any knowledge.

COPY

Your signature	Date	Your occupation	CONGRESSMAN
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation	TOUR MANAGER

Paid Preparer's Use ONLY

Preparer's signature ▶ Paul D. Hancock	Date 2/22/90	Check if self-employed ☐	Preparer's social security no. 492-50-6760
Firm's name (or yours if self-employed) and address ▶ PAUL D. HANCOCK ACCOUNTANCY CORP. 2105 HAMILTON AVE. 370 SAN JOSE, CA.		E.I. No.	94-2773669
		ZIP code	95125

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SCHEDULES A & B
(Form 1040)
Department of the Treasury
Internal Revenue Service

SCHEDULE A - ITEMIZED DEDUCTIONS

(Schedule B is on Page 2)

▶Attach to Form 1040 ▶See Instructions for Schedules A and B (Form 1040)

OMB No. 1545-0074

1989

Attachment Sequence No. 07

Name(s) as shown on Form 1040: THOMAS J & SUSANNE M CAMPBELL

Your social security number: 347-38-4500

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See instructions on page 23.)	1 a	Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc.	1a			
	b	Other (list - include hearing aids, dentures, eyeglasses, transportation and lodging, etc.) ▶	1b			
	2	Add lines 1a and 1b, and enter the total here	2			
	3	Multiply the amount on Form 1040, line 32, by 7.5% (.075)	3			
	4	Subtract line 3 from line 2. If zero or less, enter 0. Total medical and dental ▶			4	0
Taxes You Paid (See instructions on page 24.)	5	State and local income taxes	5	4,978		
	6	Real estate taxes	6	3,445		
	7	Other taxes (list - include personal property taxes) ▶ VEHICLE LICENSE FEE	7	37		
	8	Add the amounts on lines 5 through 7. Enter the total here. Total taxes ▶			8	8,460
Interest You Paid (See instructions on page 24.)	9 a	Deductible home mortgage interest (from Form 1098) you paid to financial institutions. (Report deductible points on line 10.)	9a	25,896		
	b	Other deductible home mortgage interest. (If you paid to an individual, show that person's name and address.) ▶	9b			
	10	Deductible points (See instructions for special rules)	10			
	11	Deductible investment interest (See page 25)	11			
	12 a	Personal interest you paid (see page 25) 12a 8,909				
	b	Multiply the amount on line 12a by 20% (.20). Enter the result	12b	1,782		
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest ▶			13	27,678
Gifts to Charity (See instructions on page 25.)	14	Contributions by cash or check. (If you gave $3,000 or more to any one organization, show to whom you gave and how much you gave.) ▶ CASH CONTRIBUTIONS UNDER $3000	14	325		
	15	Other than cash or check. (You must attach Form 8283 if over $500.)	15			
	16	Carryover from prior year	16			
	17	Add the amounts on lines 14 through 16. Enter the total here. Total contributions ▶			17	325
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 26 of the instructions.) ▶			18	
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 26 of the instructions.) ▶			19	
Job Expenses and Most Other Miscellaneous Deductions (See page 26 for expenses to deduct here)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See instructions.) ▶SEE STATEMENT	20	612		
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶ SEE STATEMENT	21	3,256		
	22	Add the amounts on lines 20 and 21. Enter the total.	22	3,868		
	23	Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the result here	23	1,776		
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0- ▶			24	2,092
Other Miscellaneous Deductions	25	Other (from list on page 26 of instructions). Enter type and amount. ▶			25	
Total Itemized Deductions	26	Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 17 of the instructions. ▶			26	38,555

For Paperwork Reduction Act Notice, see Form 1040 instructions.

PP003 10/13/89

308 62725 - 2152
THOMAS J & SUSANNE M CAMPBELL

347-38-4500

STATEMENT SUPPORTING SCHEDULE A - PERSONAL INTEREST EXPENSE

NW MUTUAL LIFE	234
CREDIT & CHARGE CARDS	8,675
TOTAL	8,909

STATEMENT SUPPORTING SCHEDULE A - JOB EXPENSES
SUBJECT TO AGI LIMITATION

BUSINESS PUBLICATIONS	97
PROFESSIONAL DUES/FEES	515
TOTAL	612

STATEMENT SUPPORTING SCHEDULE A - MISC. DEDUCTIONS
SUBJECT TO AGI LIMITATION

TAX PREPARATION FEE	227
STATIONARY	29
CONGRESSMANS AWAY FROM HOME	3,000
TOTAL	3,256

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Schedule B (Form 1040) 1989 OMB No. 1545-0074 Page **2**

Name(s) as shown on Form 1040. (Do not enter name and social security number if shown on page 1.)
THOMAS J & SUSANNE M CAMPBELL

Your social security number
347-38-4500

Schedule B – Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

(See instructions on pages 10 and 27.)

If you received more than $400 in taxable interest income, you must complete Parts I and III. List ALL interest received in Part I. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 27.

Note: If you received a Form 1099-INT or Form 1099-OID from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Interest Income		Amount
1 Interest income from seller-financed mortgages. (See instructions and list name of payer) ▶	1	
2 Other interest income (List name of payer) ▶		
FIRST VA BANK		204
WELLS FARGO		72
BANK OF AMERICA		23
STANFORD UNIVERSITY		81
WELLS FARGO CHECKING	2	2
3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a ▶	3	382

Part II Dividend Income

(See instructions on pages 10 and 27.)

If you received more than $400 in gross dividends and/or other distributions on stock, complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 27.

Note: If you received a Form 1099-DIV from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Dividend Income				Amount
4 Dividend income (List name of payer – include on this line capital gain distributions, nontaxable distributions, etc.) ▶				
FERRIS-BAKER WATTS				58
SELIGMAN INCOME FD				5,840
SUBARU				9
FERRIS BAKER WATTS			4	938
5 Add the amounts on line 4. Enter the total here			5	6,845
6 Capital gain distributions. Enter here and on Schedule D*	6	1,482		
7 Nontaxable distributions. (See the instructions for Form 1040, line 9.)	7			
8 Add the amounts on lines 6 and 7. Enter the total here			8	1,482
9 Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9 ▶			9	5,363

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts

(See instructions on page 27.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
10a At any time during 1989, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 27 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1)		X
b If "Yes," enter the name of the foreign country ▶		
11 Were you the grantor of, or transferor to, a foreign trust which existed during 1989, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

CPP087 11/15/89 For Paperwork Reduction Act Notice, see Form 1040 Instructions. Schedule B (Form 1040) 1989

SCHEDULE C
(Form 1040)
Department of the Treasury
Internal Revenue Service

308 62725 - 2152

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, Joint Ventures, Etc., Must File Form 1065
▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074
1989
Attachment Sequence No. 09

Name of proprietor: SUSANNE M CAMPBELL
Social security number (SSN): 223-86-9242

A Principal business or profession, including product or service (see instructions): TRAVEL SERVICES
B Principal business code (from page 2) ▶ 9837
C Business name ▶ SUSANNE M CAMPBELL
Business address (no. and st.) ▶ 665 ALVARADO ROW
City, state, and zip code ▶ STANFORD, CA 94305
D Employer ID number (Not SSN)

E Method(s) used to value closing inventory: (1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☐ Does not apply (if checked, skip line G)

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

	YES	NO
G Was there any change in determining quantities, costs, or valuations between opening and closing inventory? (If "Yes", attach explanation.)		
H Are you deducting expenses for business use of your home? (If "Yes," see instructions for limitations.)		X
I Did you "materially participate" in the operation of this business during 1989? (If "No," see instructions for limitations on losses.)		X
J If this schedule includes a loss, credit, deduction, income, or other tax benefit relating to a tax shelter required to be registered, check here ▶ ☐ If you checked this box, you MUST attach Form 8271.	X	

PART I Income

1 Gross receipts or sales	1	2,119	
2 Returns and allowances	2		
3 Subtract line 2 from line 1. Enter the result here		3	2,119
4 Cost of goods sold and/or operations (from line 33 on page 2)		4	700
5 Subtract line 4 from line 3 and enter the gross profit here		5	1,419
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Add lines 5 and 6. This is your gross income ▶		7	1,419

PART II Expenses

8 Advertising	8	
9 Bad debts from sales or services (see instructions)	9	
10 Car and truck expenses	10	
11 Commissions	11	
12 Depletion	12	
13 Depreciation and Section 179 deduction from Form 4562 (not included in Part III)	13	
14 Employee benefit programs (other than on line 20)	14	
15 Freight (not included in Part III)	15	
16 Insurance (other than health)	16	
17 Interest:		
a Mortgage (paid to banks, etc.)	17a	
b Other	17b	
18 Legal and professional services	18	
19 Office expense	19	
20 Pension and profit-sharing plans	20	
21 Rent or lease:		
a Machinery and equipment	21a	
b Other business property	21b	178

22 Repairs		22	
23 Supplies (not included in Part III)		23	158
24 Taxes		24	
25 Travel, meals, and entertainment:			
a Travel		25a	1,060
b Meals and entertainment	118		
c Enter 20% of line 25b subject to limitations (see instructions)	24		
d Subtract line 25c from line 25b		25d	94
26 Utilities (see instructions)		26	
27 Wages (less jobs credit)		27	
28 Other expenses (list type and amount): SEE STATEMENT		28	2,696

29 Add amounts in columns for lines 8 through 28. These are your total expenses ▶	29	4,186
30 Net profit or (loss). Subtract line 29 from line 7. If a profit, enter here and on Form 1040, line 12, and on Schedule SE, line 2. If a loss, you MUST go on to line 31. (Fiduciaries, see instructions.)	30	-2,767

31 If you have a loss, you MUST check the box that describes your investment in this activity. (see instructions)
If you checked 31a, enter the loss on Form 1040, line 12, and Schedule SE, line 2.
If you checked 31b, you MUST attach Form 6198.
31a ☒ All investment is at risk.
31b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1989

CPP084 11/09/89

308 62725 - 2152

Schedule C (Form 1040) 1989 **Page 2**

Part III Cost of Goods Sold and/or Operations (See Instructions)

32 Inventory at beginning of year. (If different from last year's closing inventory, attach explanation.)	32	1,060
33 Purchases less cost of items withdrawn for personal use	33	
34 Cost of labor. (Do not include salary paid to yourself)	34	
35 Materials and supplies	35	
36 Other costs	36	
37 Add lines 32 through 36	37	1,060
38 Inventory at end of year	38	360
39 **Cost of goods sold and/or operations.** Subtract line 38 from line 37. Enter the result here and on page 1, line 4	39	700

[illegible] 10/27/89

347-38-4500 T. CAMPBELL 308 62725 - 2152 1989 PAGE 01 FED

STATEMENT SUPPORTING SCHEDULE C

OTHER EXPENSES - LINE 28

RESUMES	33.
MISC	138.
SLIDES	97.
COPYING	38.
BOOKS	176.
SEMINARS	2,214.
TOTAL	2,696.

308 62725 - 2152

SCHEDULE D
(FORM 1040)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses
(And Reconciliation of Forms 1099-B)

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074
1989
Attachment Sequence No. 12A

Name(s) as shown on Form 1040: THOMAS J & SUSANNE E CAMPBELL

Your social security number: 347-38-4500

1 Report here the total sales of stocks, bonds, etc., reported for 1989 to you on Form(s) 1099-B or on an equivalent substitute statement(s). If this amount differs from the total of lines 2c and 9c, column (d), attach a statement explaining the difference. See the instructions for line 1 for examples. 1 5,070

Part I Short-term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d) subtract (d) from (e)	(g) GAIN If (d) is more than (e) subtract (e) from (d)
2a Stocks, Bonds, and Other Securities (Include All Form 1099-B Transactions - see instructions)						
2b Amounts from Schedule D-1, line 2b (Attach Schedule D-1)						
2c Total (add column (d)) ▶ 2c						
2d Other Transactions: (Include Real Estate Transactions From Forms 1099-S)						

3 Short-term gain from sale or exchange of your home from Form 2119, line 8a or 14	3		
4 Short-term gain from installment sales from Form 6252, line 22 or 30	4		
5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5		
6 Short-term capital loss carryover	6		
7 Add all of the transactions on lines 2a, 2b and 2d and lines 3 through 6 in columns (f) and (g)	7	( )	
8 Net short-term gain or (loss), combine columns (f) and (g) of line 7	8		

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) LOSS	(g) GAIN
9a Stocks, Bonds, and Other Securities (Include All Form 1099-B Transactions - see instructions)						
SUBARU OF AMER	10173	120589	70			70
U.S. GOVT BONDS	88	71989	5,000	5,000		
9b Amounts from Schedule D-1, line 9b (Attach Schedule D-1)						
9c Total (add column (d)) ▶ 9c			5,070			
9d Other Transactions: (Include Real Estate Transactions From Forms 1099-S)						

10 Long-term gain from sale or exchange of your home from Form 2119, line 8a, 10 or 14	10		
11 Long-term gain from installment sales from Form 6252, line 22 or 30	11		
12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	12		
13 Capital gain distributions	13		1,482
14 Enter gain from Form 4797, line 7 or 9	14		
15 Long-term capital loss carryover	15		
16 Add all of the transactions on lines 9a, 9b and 9d and lines 10 through 15 in cols. (f) and (g)	16	( )	1,552
17 Net long-term gain or (loss), combine columns (f) and (g) of line 16	17		1,552

For Paperwork Reduction Act Notice See Form 1040 Instructions.

Schedule D (Form 1040) 1989

CPP008 11/14/89

308 62725 - 2152

Schedule D (Form 1040) 1989 Attachment Sequence No. 12A Page 2

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on page 1) Your social security number

THOMAS J & SUSANNE M CAMPBELL 347-38-4500

Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If result is a gain, **stop here** and also enter the gain on Form 1040, line 13. If the result is a (loss), go on to line 19	18	1,552
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the **smaller** of: a The (loss) on line 18; or b ($3,000) or, if married filing a separate return, ($1,500) NOTE: When figuring which amount is smaller, treat both numbers as if they are positive.	19	( )

Go on to Part IV if the loss on line 18 is more than $3,000 ($1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.

Part IV Figure Your Capital Loss Carryovers From 1989 to 1990

Section A. – Figure Your Carryover Limit

20	Enter taxable income or loss from Form 1040, line 37. (If Form 1040, line 37, is zero, see the instructions for the amount to enter.) NOTE: For lines 21 through 36, treat all amounts as positive.			20
21	Enter the loss shown on line 19			21
22	Enter the amount shown on Form 1040, line 36			22
23	Combine lines 20, 21, and 22. If zero or less, enter zero			23
24	Enter the smaller of line 21 or line 23			24

Section B. – Figure Your Short-Term Capital Loss Carryover

(Complete this section only if there is a loss shown on line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss shown on line 8			25
26	Enter the gain shown on line 17	26		
27	Enter the amount shown on line 24	27		
28	Add lines 26 and 27			28
29	Subtract line 28 from line 25. If zero or less, enter zero. This is your short-term capital loss carryover from 1989 to 1990			29

Section C. – Figure Your Long-Term Capital Loss Carryover

(Complete this section only if there is a loss shown on line 17 and line 19.)

30	Enter the loss shown on line 17			30
31	Enter the gain shown on line 8			31
32	Enter the amount shown on line 24	32		
33	Enter the amount shown on line 25	33		
34	Subtract line 33 from line 32. If zero or less, enter zero			34
35	Add lines 31 and 34			35
36	Subtract line 35 from line 30. If zero or less, enter zero. This is your long-term capital loss carryover from 1989 to 1990			36

Part V **Complete This Part Only If You Elect Out of the Installment Method and Report a Note or Other Obligation at Less Than Full Face Value**

37 Check here if you elect out of the installment method. ▶ ☐

38 Enter the face amount of the note or other obligation. ▶

39 Enter the percentage of valuation of the note or other obligation. ▶

Part VI **Reconcile Forms 1099-B For Bartering Transactions**

(Complete this part if you received one or more Form(s) 1099-B or an equivalent substitute statement(s) reporting bartering income.)

			Amount of bartering income from Form 1099-B or equivalent statement reported on form or schedule
40	Form 1040, line 22	40	
41	Schedule C (Form 1040)	41	
42	Schedule D (Form 1040)	42	
43	Schedule E (Form 1040)	43	
44	Schedule F (Form 1040)	44	
45	Other Form (identify) (if not taxable, indicate reason - attach additional sheets if necessary) ▶	45	
46	Total (add lines 40 through 45)	46	

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and equivalent statements received.

CFP 107 10/30/89

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347-38-4500  T. CAMPBELL              308  62725 - 2152   1989  PAGE 02  FED

                 STATEMENT OF WAGES, SALARIES, TIPS AND TAXES WITHHELD
--------------------------------------------------------------------------------
                    FEDERAL   FEDERAL      FICA       STATE        CITY       STATE
                     W.T.      WAGES       WTHLD       W.T.         W.T.       WAGES

U.S. HOUSE OF REPRESENTATIVES
               T    17,612.   81,544.     3,605.      4,960.                  81,544.

 TOTAL TXPYR        17,612.   81,544.     3,605.      4,960.                  81,544.*

 GRAND TOTAL        17,612.   81,544.                 4,960.                  81,544.**

                           STATEMENT OF MISCELLANEOUS INCOME
--------------------------------------------------------------------------------
                                                                   STATE    FEDERAL

                                                        T                    1,869.
       TOTAL STATE AND CITY REFUNDS (1040 LINE 10)                    0.     1,869.*


TRAVEL REIMBURSEMENT                                    T           620.       620.
TIPS                                                 SE S           250.       250.
       TOTAL OTHER INCOME           (1040 LINE 22)                  870.       870.*


             ABOVE INCOME SUBJECT TO SE TAX             T
                                                        S                      250.
```

308 62725 - 2152

STATE OF CALIFORNIA

1989

THOMAS J & SUSANNE M CAMPBELL

347-38-4500

CALIFORNIA SUMMARY SHEET

FEDERAL ADJUSTED GROSS INCOME		88,813
SUBTRACTIONS:		
STATE INCOME TAX REFUND........................	1,869	
UNEMPLOYMENT COMPENSATION......................	0	
TAXABLE SOCIAL SECURITY........................	0	
NONTAXABLE INTEREST INCOME.....................	0	
LOTTERY WINNINGS...............................	0	
IRA DISTRIBUTIONS..............................	0	
NET OPERATING LOSS.............................	0	
DEPRECIATION & AMORTIZATION....................	0	
CAPITAL AND OTHER GAINS/LOSSES.................	0	
OTHER..	0	
TOTAL SUBTRACTIONS		(1,869)
ADDITIONS:		
NON-CALIFORNIA MUNICIPAL INTEREST..............	0	
DEPRECIATION & AMORTIZATION....................	0	
CAPITAL AND OTHER GAINS/LOSSES.................	0	
OTHER..	0	
TOTAL ADDITIONS		0
CALIFORNIA ADJUSTED GROSS INCOME		86,944
ITEMIZED/STANDARD DEDUCTION		33,577
CALIFORNIA TAXABLE INCOME		53,367
CALIFORNIA TAX		2,380
TAX FROM SCHEDULE G-1		0
CREDITS:		
EXEMPTION CREDITS..............................	110	
SPECIAL CREDITS................................	0	
TOTAL CREDITS		(110)
TAX AFTER CREDITS		2,270
OTHER TAXES:		
ALTERNATIVE MINIMUM TAX........................	0	
TAX ON IRA/KEOGH...............................	0	
TOTAL OTHER TAXES		0
TOTAL TAX LIABILITY		2,270
PAYMENTS		(4,960)
VOLUNTARY CONTRIBUTIONS		(0)
OVERPAYMENT		2,690
BALANCE DUE		0

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TAXABLE YEAR **1989**

CALIFORNIA LONG TAX FORM

FORM **540**

Step 1 Name and Address

Use the California mailing label. Otherwise, please print or type. Fiscal year beginning 1989, ending 19

THOMAS J & SUSANNE M CAMPBELL
665 ALVARADO ROW
STANFORD CA 94305

Your social security number 347-38-4500
Spouse's social security number 223-86-9242

Do Not Use These Spaces
P
M
A
R
E

Step 2 Filing Status (Check only one)

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and name here ____
4 ☐ Head of Household. Enter name and relationship of qualifying person. Do not claim this person as a dependent. ____
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19

Step 3 Exemptions

6 If someone (such as your parent) can claim you as a dependent on his or her tax return, check here, skip lines 7 through 10 and enter -0- on line 11	● 6	☐
7 Personal: If you checked box 1 or 3 above, enter $55. If you checked box 2, 4 or 5, enter $110	7	110
8 Blind: If you or your spouse is visually impaired, enter $55. If both are visually impaired, enter $110	8	
9 Senior: If you or your spouse is 65 or older, enter $55. If both are 65 or older, enter $110	● 9	
10 Dependents: Enter name and relationship. Do not include yourself, spouse or person listed in Step 2 above. Number of Dependents ____ X $55	10	
11 Total exemption credits. Add lines 7 through 10. Enter here and on line 20 below	11	110

Step 4 Taxable Income

Attach copy of your Forms W-2, W-2G, W-2P and 1099-R here

12a State wages from your W-2 form, box 18	● 12a	81,544
12b Federal adjusted gross income from line 31 of your Form 1040, line 13 of your Form 1040A, or line 3 of your Form 1040EZ	12b	88,813
13 California adjustments – subtractions. Enter amount from Schedule CA, line 15	● 13	1,869
14 Subtract line 13 from line 12b. If less than zero, enter the result in brackets. See instructions	14	86,944
15 California adjustments – additions. Enter amount from Schedule CA, line 23	● 15	
16 California adjusted gross income. Combine line 14 and line 15. If $20,900 or less, see instructions	● 16	86,944
17 Enter the larger of: ● Your standard deduction (see instructions), OR ● Your itemized deductions (from Schedule CA, line 28)	● 17	33,577
18 Taxable income. Subtract line 17 from line 16. If less than zero, enter zero	18	53,367

Step 5 Tax

Attach check or money order here

19 Enter tax. Check if from ☒ Tax Table ☐ FTB 3800 or ☐ FTB 3803 Caution: If under age 14 and you have more than $1,000 of investment income, read line 19 instructions to see if you must attach form FTB 3800.	● 19	2,380
20 Exemption credits. Enter amount from line 11 above	20	110
21a Subtract line 20 from line 19. If less than zero, enter zero	21a	2,270
21b Tax from Schedule G-1, line 23	● 21b	
22a Add line 21a and line 21b. Continue to Side 2	22a	2,270

For Privacy Act Notice, see instructions.
CPP028 02/08/90

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	22b Amount from Side 1, line 22a		22b 2,270
Step 6 Credits	23 Credit for child and dependent care expenses. See instructions	● 23	
	24 Credit for taxpayers with military income. See instructions	● 24	
	25 Credit name ______ Code no.____	◆ 25	
	26 Credit name ______ Code no.____	◆ 26	
	27 To claim more than two credits, see instructions	● 27	
	28 Credit for taxpayers with limited income. See instructions	● 28	
	29 Total credits. Add lines 23 through 28		29
	30 Subtract line 29 from line 22b. If less than zero, enter zero		30 2,270
Step 7 Other Taxes	31 Alternative minimum tax. Attach Schedule P (540)		● 31
	32 Tax on an IRA or a qualified retirement plan. Attach form FTB 3805P		● 32
	33 Total tax. Add lines 30 through 32		● 33 2,270
Step 8 Payments	34 Calif. inc. tax withheld. Enter total from your 1989 W-2 & 1099R forms	■ 34 4,960	
	35 1989 California estimated tax and amount applied from 1988 return. Include amount paid with any extension request (form FTB 3502)	■ 35	
	36 Renter's credit. Enter amount from Schedule H (540), line 9	■ 36	
	37 Excess California SDI withheld. See instructions	■ 37	
	38 Total payments. Add lines 34 through 37		38 4,960
Step 9 Overpaid Tax or Tax Due	39 Overpaid tax. If line 38 is larger than line 33, subtract line 33 from line 38		39 2,690
	40 Amount of line 39 to be applied to your 1990 estimated tax		■ 40
	41 Amount of overpaid tax available this year. Subtract line 40 from line 39		■ 41 2,690
	42 Tax due. If line 33 is larger than line 38, subtract line 38 from line 33		42
Step 10 Voluntary Contributions	You may make a contribution of $1 or more to:		
	43 Alzheimer's Disease/Related Disorders Fund	● 43	
	44 California Fund for Senior Citizens	● 44	
	45 Rare and Endangered Species Preservation Program	● 45	
	46 State Children's Trust Fund for the Prevention of Child Abuse	● 46	
	47 United States Olympic Committee Fund	● 47	
	48 Vietnam Veterans Memorial Fund	● 48	
	Calif. Election Campaign Fund } Your Pol. Party 49 ______ Amt ($25 max)	▶ 49	
	Calif. Election Campaign Fund } Spouse's Pol. Party 50 ______ Amt ($25 max)	▶ 50	
	51 Total Contributions: Add lines 43 through 50		● 51
Step 11 Refund or Amount You Owe	52 **REFUND OR NO AMOUNT DUE.** Subtract line 51 from line 41. Mail your return to: **Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0000**		■ 52 2,690
	53 **AMOUNT YOU OWE.** Add line 42 and 51. Attach check or money order for full amt payable to "Franchise Tax Board". Write your soc sec no. and "1989 Form 540" on it. Mail it with your return to: **Franchise Tax Board, P.O. Box 942867, Sacramento, CA 94267-0001**		■ 53
Step 12 Penalties and Interest	54 Late return and late payment penalties and interest		54
	55 Underpayment of estimated tax. If Form FTB 5805 or 5805F is attached, check box at right ☐		● 55
	56 To reduce State printing costs, if you and your tax preparer do not need California income tax forms and instructions mailed to you next year, check box at right		● 56 ☒

Step 13 Sign Your Return

IMPORTANT: You must attach a copy of your federal income tax return and federal schedules. 4

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Attach copy of federal return to this return

Your signature X

Spouse's signature (if filing jointly, both must sign) X

Date

Signature of Paid Preparer (Declaration of preparer is based on all information of which preparer has any knowledge.) Paul D. Hancock

SSN/FEIN 492-50-6760 94-2773669

PAUL D. HANCOCK ACCOUNTANCY CORP.
2105 HAMILTON AVE. 370
SAN JOSE,CA. 95125

Side 2 Form 540 1989

CPP185 01/03/90

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SCHEDULE
CA

TAXABLE YEAR

1989 CALIFORNIA ADJUSTMENTS

Important: Attach this schedule directly behind Form 540.

Name(s) as shown on return: THOMAS J & SUSANNE M CAMPBELL

Social Security Number: 347-38-4500

PART I ADJUSTMENTS TO FEDERAL ADJUSTED GROSS INCOME

Step 1 Subtractions	1	State income tax refund from federal Form 1040, line 10	1,869
	2	Unemployment compensation from federal Form 1040, line 20 or Form 1040A, line 10	
	3	Social security benefits from federal Form 1040, line 21b	
	4	California nontaxable interest or dividend income. See instructions	
	5	Railroad retirement benefits and sick pay. See instructions	
	6	California Lottery winnings. See instructions	
	7	Wages. See instructions	
	8	IRA distributions. See instructions	
	9	Pensions and annuities. See instructions	
	10	Passive activity. See instructions	
	11	Depreciation and amortization from form FTB 3885A, line 8a and line 10a	
	12	Capital gains or (losses) from California Schedule D, line 10a	
	13	Other gains or (losses) from California Schedule D-1, line 21a and line 38	
	14	Other subtractions:	
	14a	a California net operating loss deduction from your 1988 FTB 3805V and FTB 3805Z. (See instr.)	
	14b	b Other. See instructions. Specify	
	15	Total subtractions. Add lines 1 through 14b. Enter here and on Form 540, line 13	1,869
Step 2 Additions	16	Interest on state and municipal bonds from a state other than California. See instructions	
	17	Wages. See instructions	
	18	Passive activity. See instructions	
	19	Depreciation and amortization from form FTB 3885A, line 8b and line 10b	
	20	Capital gains or (losses) from California Schedule D, line 10b	
	21	Other gains or (losses) from California Schedule D-1, line 21b and line 38	
	22	Other additions:	
	22a	a Federal net operating loss deduction from your 1989 federal Form 1040, line 22	
	22b	b Other. See instructions. Specify	
	23	Total additions. Add lines 16 through 22b. Enter here and on Form 540, line 15	

PART II ADJUSTMENTS TO FEDERAL ITEMIZED DEDUCTIONS

24	Federal itemized deductions from federal Schedule A, line 26	38,555
25	State and local income taxes from federal Schedule A, line 5 and foreign income taxes. See instr.	4,978
26	Subtract line 25 from line 24	33,577
27	Other adjustments. See instructions. Specify	
28	California itemized deductions. Combine line 26 and line 27	33,577

If your California itemized deductions on line 28 are larger than your standard deduction, enter your California itemized deductions on Form 540, line 17. Otherwise, enter your standard deduction on Form 540, line 17.

Schedule CA 1989

CFP689 11/03/89

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TAXABLE YEAR
1989

ALTERNATIVE MINIMUM TAX AND CREDIT LIMITATIONS - RESIDENTS

CALIFORNIA SCHEDULE
P (540)

Attach this form to Form 540

Name(s) as shown on Form 540: THOMAS J & SUSANNE M CAMPBELL

Your Social Security Number: 347-38-4500

Part I Tentative Minimum Tax and Alternative Minimum Tax Computation

1	Taxable income from Form 540, line 18 (may be less than zero)			1	53,367
2	Net operating loss deduction from Schedule CA, line 14a. Do not enter as a negative amount			2	
3	Add line 1 and line 2			3	53,367
4	**Adjustments:** (See instructions before completing.)				
	a Standard deduction from Form 540, line 17	4a			
	b Medical and dental expense	4b			
	c Miscellaneous itemized deductions from federal Schedule A (Form 1040), line 24	4c	2,092		
	d Personal and real property taxes	4d	3,482		
	e Refund of personal and real property taxes	4e			
	f Interest from federal Schedule A (Form 1040), line 12b	4f	1,782		
	g Other interest adjustments	4g			
	h Combine lines 4a through 4g			4h	7,356
	i Depreciation of property placed in service after 1986	4i			
	j Circulation and research and experimental expenditures paid or incurred after 1986	4j			
	k Mining exploration and development costs paid or incurred after 1986	4k			
	l Long-term contracts entered into after 2/28/86	4l			
	m Pollution control facilities placed in service after 1986	4m			
	n Installment sales of certain property	4n			
	o Adjusted gain or loss	4o			
	p Certain loss limitations	4p			
	q Tax shelter farm loss	4q			
	r Passive activity loss	4r			
	s Beneficiaries of estates and trusts	4s			
	t Combine lines 4i through 4s			4t	
5	Tax preference items: (See instructions before completing.)				
	a Appreciated property charitable deduction	5a			
	b Depletion	5b			
	c Add line 5a and line 5b			5c	
	d Accelerated depreciation of real property placed in service before 1987	5d			
	e Accelerated depreciation of leased personal property placed in service before 1987	5e			
	f Amortization of certified pollution control facilities placed in service before 1987	5f			
	g Intangible drilling costs	5g			
	h Add lines 5d through 5g			5h	
6	Combine lines 3, 4h, 4t, 5c and 5h			6	60,723
7	Alternative minimum tax net operating loss deduction. Do not enter more than 90% of line 6. See instructions			7	
8	Alternative minimum taxable income. Subtract line 7 from line 6 (if married filing separate, see instructions)			8	60,723
9	Enter: $40,000 ($20,000 if married filing separately; $30,000 if single or head of household)			9	40,000
10	Enter: $150,000 ($75,000 if married filing separately; $112,500 if single or head of household)			10	150,000
11	Subtract line 10 from line 8. If zero or less, enter zero here and on line 12			11	0
12	Multiply line 11 by 25% (.25)			12	
13	Subtract line 12 from line 9. If zero or less, enter zero			13	40,000
14	Subtract line 13 from line 8. If zero or less, enter zero here and on line 19			14	20,723
15	Tentative minimum tax. Multiply line 14 by 7% (.07)			15	1,451
16	Alternative minimum tax other state tax credit. See instructions			16	
17	Adjusted tentative minimum tax. Subtract line 16 from line 15			17	1,451
18	Regular tax before credits (Form 540, line 19) minus other state tax credit. See instructions			18	2,380
19	Alternative minimum tax. Subtract line 18 from line 17. If zero or less, enter zero.			19	0

If line 19 is larger than zero, continue to Side 2, Part II. Otherwise, stop here and enter the amount from line 19 on Form 540, line 31.

Schedule P (540) 1989 Side 1

DPP127 03/12/90

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Part II Credit Limitations

Section A – Tax in Excess of Tentative Minimum Tax

1 a Regular tax from Form 540, line 19 minus tentative minimum tax from Part I, line 15. Not less than zero	1a	929
b Exemption credits. Do not enter more than the amount on line 1a. If your exemption credits are greater than line 1a, you must reduce the amount shown on Form 540, line 20, to the amount shown on line 1a	1b	110
2 a Enter the amount from Form 540, line 22a (use refigured amount if exemption credits are limited by line 1a)	2a	2,270
b Tentative minimum tax from Part I, line 15	2b	1,451
3 Subtract line 2b from line 2a. This is the amount of tax that you may reduce with Section B credits	3	819

Section B – Credits that may not reduce excess tax below tentative minimum tax

Code			(a) Credit Amount	(b) Credit used this year	(c) Tax Balance	(d) Credit Carryover
	4 Enter the amount from line 3	4				
	5 Child & dependent care credit, Form 540 inst. worksheet	5				
	6 Cr. for taxpayers with military inc. Form 540 inst. worksheet	6				
70	7 Joint custody head of household cr. Form 540 inst. worksheet	7				
73	8 Dependent parent credit, Form 540 instructions worksheet	8				
85	9 Credit for public retirees under 65, Schedule RP (540), or credit for the elderly or disabled from statement	9				
66	10 Jobs credit from form FTB 3524	10				
67	11 Pollution abatement equipment credit from form FTB 3522	11				
68	12 Vehicle conversion to alcohol fuel credit from statement	12				
69	13 Enterprise zone employee credit from form FTB 1046	13				
71	14 Ridesharing credit: Carryover from form FTB 3518, Part I	14				
91	15 Ridesharing credit: Large employer prog. FTB 3518, Part II	15				
92	16 Ridesharing credit: Small employer prog. FTB 3518, Part III	16				
93	17 Ridesharing credit: Transit passes, form FTB 3518 Part IV	17				
94	18 Ridesharing credit: Vanpool program, form FTB 3518, Part V	18				
76	19 Enterprise zone hiring/sales & use tax cr, form FTB 3805Z	19				
77	20 Program area hiring/sales & use tax cr, form FTB 3805Z	20				
78	21 Water conservation credit carryover from statement	21				
79	22 Solar pump credit carryover from statement	22				
82	23 Energy conservation credit carryover from form FTB 3514	23				
84	24 Political contributions credit from statement	24				
88	25 Residential rental & farm sales credit from form FTB 3525	25				
89	26 Employer child care program credit from form FTB 3501	26				
90	27 Employer child care contribution credit from form FTB 3501	27				
74	28 Recycling equipment credit from form FTB 3527	28				
75	29 Agricultural products credit from form FTB 3534	29				
80	30 Solar energy credit carryover from form FTB 3805L	30				
81	31 Commercial solar energy credit carryover, form FTB 3805L	31				
83	32 Research credit from form FTB 3523	32				
85	33 Orphan drug credit from form FTB 3528	33				
72	34 Low-income housing credit from form FTB 3521	34				
88	35 Credit for prior year alternative minimum tax, FTB 3510	35				
	36 Subtotal. Add column (b) of lines 7 through 35	36				

Section C – Credits that may reduce tax below tentative minimum tax

Code			(a) Credit Amount	(b) Credit used this year	(c) Tax Balance	(d) Credit Carryover
	37 If line 3 is zero, enter the amount from Form 540, line 22a (use refigured amount if exemption credits are limited by line 1a). If line 3 is more than zero, enter the total of line 2b and line 35, column (c)					
80	38 Solar energy credit carryover from line 30, column (d)	38				
81	39 Commercial solar energy cr. carryover from line 31, col. (d)	39				
83	40 Research credit from line 32, column (d)	40				
86	41 Orphan drug credit from line 33, column (d)	41				
72	42 Low-income housing credit from line 34, column (d)	42				
87	43 Other state tax credit from Schedule S	43				
	44 Subtotal. Add column (b) of lines 38 through 43	44				

Section D – Credits that may reduce alternative minimum tax (AMT)

		(a) Credit Amount	(b) Credit used this year	(c) Tax Balance	(d) Credit Carryover
45 Enter your alternative minimum tax from Part I, line 19	45				
46 Solar energy credit carryover from line 38, column (d)	46				
47 Commercial solar energy credit carryover from line 39, col (d)	47				
48 Adjusted AMT. Enter the balance from line 47, column (c), here and on Form 540, line 31	48				

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TAXABLE YEAR
1989

Depreciation and Amortization Adjustments

CALIFORNIA FORM
3885A

Name(s) as shown on return
THOMAS J & SUSANNE M CAMPBELL

Social Security Number
347-38-4500

Assets placed in service before 1/1/87 (depreciation):
Property placed in service before 1/1/89 (amortization):

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depr'n or amortiz'n allowed/allowable in earlier years	(e) Method of figuring depreciation	(f) Life or rate	(g) Depreciation for this year	(h) Code section	(i) Period or percentage	(j) Amortization for this year
1 Passive Activities (see instruction C):									
Total passive dep'n or amortiz'n. Add column (g) and column (j) amounts of line 1									
2 Nonpassive Activities (see instruction C):									
Total nonpassive dep'n or amortiz'n. Add column (g) and column (j) amounts of line 2									

Columns (g) Depreciation of Assets; (j) Amortization of Property.

Depreciation

3 Calif. deprec. from nonpassive activities for assets placed in service on or after Jan. 1, 1987. See instructions & enter the amt from line 5 of the worksheet in the instructions. **Note:** Be sure to make adjustments for any basis differences. 3

4 Total California depreciation from nonpassive activities. Add line 2(g) and line 3 (and line 1g, if any). See instructions. 4

5 Total federal deprec. from nonpassive activities. Enter the amount that relates to nonpassive activities from federal Form 4562, Part I, line 19 5

6 Depreciation Adjustment

a If line 4 is larger than line 5, subtract line 5 from line 4. Enter the difference here and on Schedule CA, line 11 6a

b If line 4 is less than line 5, subtract line 4 from line 5. Enter the difference here and on Schedule CA, line 19 6b

Amortization

7 Calif. amortization from nonpassive activities for property placed in service on or after January 1, 1989. Enter the amount that relates to nonpassive activities from federal Form 4562, Part II, line 21, column (f) 7

Note: Be sure to make adjustments for any basis differences.

8 Total California amortization from nonpassive activities. Add line 2(j) and line 7 8

9 Total federal amortization from nonpassive activities. Enter the amount that relates to nonpassive activities from federal Form 4562, Part II, line 23 9

10 Amortization Adjustment

a If line 8 is larger than line 9, subtract line 9 from line 8. Enter the difference here and on Schedule CA, line 11 10a

b If line 8 is less than line 9, subtract line 8 from line 9. Enter the difference here and on Schedule CA, line 19 10b

TAXABLE YEAR
1989

California Capital Gain or Loss Adjustment

SCHEDULE
D

(a) Kind of property and description (Example, 100 shares of "Z" Co.)	(b) Sales price	(c) Cost or other basis	(d) Loss. If (c) is more than (b) subtract (b) from (c)	(e) Gain. If (b) is more than (c) subtract (c) from (b)
1 SEE STATEMENT				
				1,552

2 Total 1989 gains. Add column (e) amounts of line 1	2	1,552
3 1989 loss. Add column (d) amounts of line 1	3	
4 California capital loss carryover from 1988, if any. See instructions	4	
5 Total 1989 loss. Add line 3 and line 4	5	
6 Net gain or net loss: Combine line 2 and line 5 and enter the net gain or (loss) here. See instructions	6	1,552
7 If line 6 is a loss, enter the smaller of: (a) the amount on line 6; or (b) $3,000 ($1,500 if married filing separate return). See instructions	7	( )
8 Combine and enter the amount(s) from federal Form 1040, line 13 and line 14	8	1,552
9 Enter the California gain from line 6 or loss from line 7	9	1,552
10 California gain or loss adjustment: Compare lines 8 and 9. See instructions.		
a Adjustment decrease. Enter the difference here and on Schedule CA, line 12	10a	
b Adjustment increase. Enter the difference here and on Schedule CA, line 20	10b	

FTB 3885A/Schedule D 1989

CPP980 02/12/90

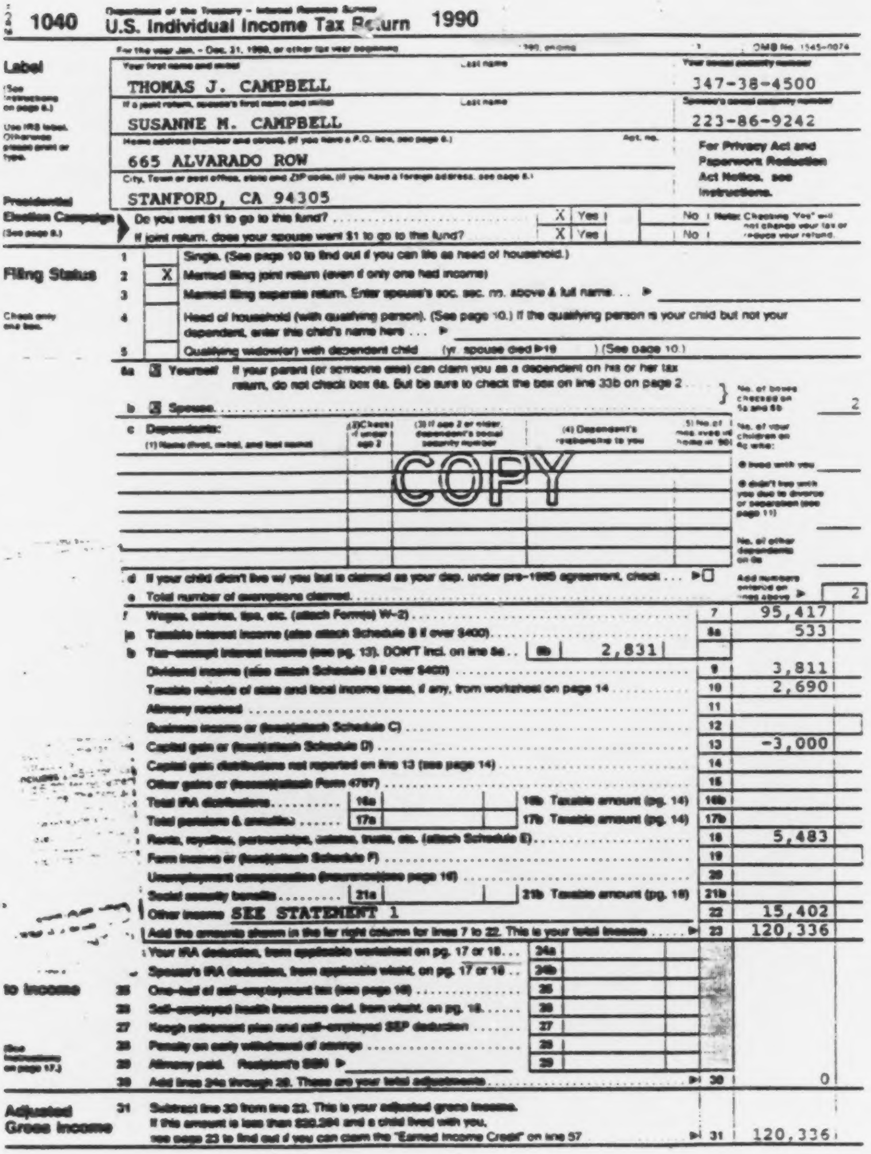
STATEMENT SUPPORTING SCHEDULE D

	LOSS	GAIN
CAPITAL GAIN DISTRIBUTIONS		1,482
SUBARU OF AMER		70
U.S. GOVT BONDS		
SUBTOTAL		1,552
TOTAL	1,552	

```
347-38-4500  T. CAMPBELL
                                     308  62725 - 2152   1989  PAGE 02  STATE
                  STATEMENT OF WAGES, SALARIES, TIPS AND TAXES WITHHELD
--------------------------------------------------------------------------------
                    FEDERAL    FEDERAL       FICA       STATE        CITY      STATE
                     W.T.       WAGES       WTHLD        W.T.        W.T.      WAGES
U.S. HOUSE OF REPRESENTATIVES
                 T   17,612.    81,544.     3,605.      4,960.                 81,544.
 TOTAL TXPYR         17,612.    81,544.     3,605.      4,960.                 81,544.*
 GRAND TOTAL         17,612.    81,544.                 4,960.                 81,544.**

                         STATEMENT OF MISCELLANEOUS INCOME
--------------------------------------------------------------------------------
                                                                STATE      FEDERAL
TRAVEL REIMBURSEMENT
TIPS                                                      T     620.        620.
         TOTAL OTHER INCOME           (540/540NR)      SE S     250.        250.
                                                                870.        870.*

              ABOVE INCOME SUBJECT TO SE TAX
                                                          T
                                                          S                 250.
```



1040 Department of the Treasury – Internal Revenue Service
U.S. Individual Income Tax Return 1990

For the year Jan. – Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 . OMB No. 1545-0074

Label (See instructions on page 8.) Use IRS label. Otherwise, please print or type.

Your first name and initial / Last name: THOMAS J. CAMPBELL
Your social security number: 347-38-4500
If a joint return, spouse's first name and initial / Last name: SUSANNE M. CAMPBELL
Spouse's social security number: 223-86-9242
Home address (number and street). (If you have a P.O. box, see page 8.) Apt. no.: 665 ALVARADO ROW
City, town or post office, state and ZIP code. (If you have a foreign address, see page 8.): STANFORD, CA 94305

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 8.)
Do you want $1 to go to this fund? X Yes No
If joint return, does your spouse want $1 to go to this fund? X Yes No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (Check only one box.)

1 ☐ Single. (See page 10 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name. . . ▶
4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here . . . ▶
5 ☐ Qualifying widow(er) with dependent child (yr. spouse died ▶19) (See page 10.)

6a ☒ Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2 . . . No. of boxes checked on 6a and 6b: 2
b ☒ Spouse

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1990
		COPY		

No. of your children on 6c who:
● lived with you
● didn't live with you due to divorce or separation (see page 11)
No. of other dependents on 6c

d If your child didn't live w/ you but is claimed as your dep. under pre-1985 agreement, check . . . ▶☐
e Total number of exemptions claimed. Add numbers entered on lines above ▶ 2

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	95,417
8a	Taxable interest income (also attach Schedule B if over $400)	8a	533
b	Tax-exempt interest income (see pg. 13). DON'T incl. on line 8a . . 8b 2,831		
9	Dividend income (also attach Schedule B if over $400)	9	3,811
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	2,690
11	Alimony received	11	
12	Business income or (loss)(attach Schedule C)	12	
13	Capital gain or (loss)(attach Schedule D)	13	-3,000
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses)(attach Form 4797)	15	
16a	Total IRA distributions . . . 16a / 16b Taxable amount (pg. 14)	16b	
17a	Total pensions & annuities . . . 17a / 17b Taxable amount (pg. 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	5,483
19	Farm income or (loss)(attach Schedule F)	19	
20	Unemployment compensation (insurance)(see page 16)	20	
21a	Social security benefits . . . 21a / 21b Taxable amount (pg. 16)	21b	
22	Other income SEE STATEMENT 1	22	15,402
23	Add the amounts shown in the far right column for lines 7 to 22. This is your total income ▶	23	120,336

Adjustments to Income (See Instructions on page 17.)

24a	Your IRA deduction, from applicable worksheet on pg. 17 or 18	24a	
24b	Spouse's IRA deduction, from applicable wksht. on pg. 17 or 18	24b	
25	One-half of self-employment tax (see page 18)	25	
26	Self-employed health insurance ded. from wksht. on pg. 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your total adjustments ▶	30	0

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 ▶	31	120,336

Form 1040 (1990) THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)			32	120.336
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or over ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a				
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐				
If you want IRS to figure your tax, see instructions on page 19.	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐				
	34	Enter the larger of: { • Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☒ }			34	41,629
	35	Subtract line 34 from line 32.			35	78,707
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	4,100
	37	Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-)			37	74,607
	38	Enter tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, or c ☐ Form 8615 (see pg. 21) (If any is from Form(s) 8814, enter that amt. here ▶ d)			38	16,671
	39	Additional taxes (see pg. 21). Check if from: a ☐ Form 4970, b ☐ Form 4972			39	
	40	Add lines 38 and 39			▶ 40	16,671
Credits	41	Credit for child and dependent care expenses (att. Form 2441)	41			
	42	Credit for the elderly or the disabled (attach Schedule R)	42			
(See instructions on page 21.)	43	Foreign tax credit (attach Form 1116)	43			
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ______	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45			46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-)			▶ 47	16,671
Other Taxes	48	Self-employment tax (attach Schedule SE)			48	
	49	Alternative minimum tax (attach Form 6251)			49	
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)			51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)			52	
	53	Advance earned income credit payments from Form W-2			53	
	54	Add lines 47 through 53. This is your total tax			▶ 54	16,671
Payments	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55	20,844		
	56	1990 estimated tax payments & amt. applied from 1989 return	56			
	57	Earned income credit	57			
Attach Forms W-2, W-2G, and W-2P to front.	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see page 24)	59			
	60	Credit for Federal tax on fuels (attach Form 4136)	60			
	61	Regulated investment company credit	61			
	62	Add lines 55 through 61. These are your total payments			▶ 62	20,844
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount OVERPAID			▶ 63	4,173
	64	Amount of line 63 to be REFUNDED TO YOU			▶ 64	4,173
	65	Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX ▶	65			
	66	If line 54 is larger than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it.			66	
	67	Estimated tax penalty (see page 26)	67			

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature ▶ | Date | Your occupation CONGRESSMAN

Spouse's signature (if joint return, BOTH must sign) ▶ | Date | Spouse's occupation TOUR MANAGER

Paid Preparer's Use Only

Preparer's signature ▶ PAUL D. HANCOCK Paul D. Hancock | Date 5/24/91 | Check if self-employed ☐ | Preparer's social security no. 492-50-6760

Firm's name (or yours if self-employed) and address ▶ PAUL D. HANCOCK ACCTCY. CORP.
19400 STEVENS CREEK BLVD #202
CUPERTINO, CA.

E.I. No. 94-2773669

ZIP Code 95014

Schedule A—Itemized Deductions

(Form 1040)

Department of the Treasury
Internal Revenue Service

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1990

Attachment Sequence No. 07

Name(s) shown on Form 1040: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses. (See page 27 of the Instructions.)	1			
	2	Enter amount from Form 1040, line 32 2				
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result	3			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-			▶ 4	0
Taxes You Paid (See Instructions on page 27.)	5	State and local income taxes	5	5,950		
	6	Real estate taxes	6	3,505		
	7	Other taxes. (List - include personal property taxes.) ▶ AUTO LICENSE, NET	7	46		
	8	Add the amounts on lines 5 through 7. Enter the total			▶ 8	9,501
Interest You Paid (See Instructions on page 27.)	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10	9a	26,245		
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address) ▶	9b			
	10	Deductible points. (See Instructions for special rules.)	10			
	11	Deductible investment interest (See page 28.)	11			
	12a	Personal interest you paid (See page 28) . . 12a 6,912				
	b	Multiply the amount on line 12a by 10% (.10). Enter the result	12b	691		
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total			▶ 13	26,936
Gifts to Charity (See Instructions on page 29.)		Caution: If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.				
	14	Contributions by cash or check	14	3,445		
	15	Other than cash or check. (You MUST attach Form 8283 if over $500.)	15			
	16	Carryover from prior year	16			
	17	Add the amounts on lines 14 through 16. Enter the total			▶ 17	3,445
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.)			▶ 18	0
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.)			▶ 19	0
Job Expenses and Most Other Miscellaneous Deductions (See Instructions on page 30 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Form 2106 if required.) ▶ FORM 2106 (SELF) * 3,079 UNION AND PROFESSIONAL DUES 475	20	3,554		
	21	Other expenses (investment, tax preparation, safe deposit box, etc.) ▶ TAX RETURN PREPARATION FEE	21	600		
	22	Add the amounts on lines 20 and 21. Enter the total	22	4,154		
	23	Enter the amount from Form 1040, ln. 32 . . 23 120,336				
	24	Multiply the amount on line 23 by 2% (.02). Enter the result	24	2,407		
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-			▶ 25	1,747
Other Miscellaneous Deductions	26	Other (from list on page 30 of Instructions). List type and amount ▶			▶ 26	0
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions.			▶ 27	41,629

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

*Total reflects $3,000 statutory limitation per IRC 162(a) for Washington, DC living expenses for members of Congress

Schedules A&B (Form 1040) 1990 OMB No. 1545-0074 Page 2

Name(s) as shown on Form 1040. (Do not enter name and social security number if shown on other side.) Your social security number

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 347-38-4500

Schedule B - Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

(See instructions on pages 13 and 30.)

If your received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and the total interest shown on that form.

Interest income		Amount
1 Interest income. (List name of payer - if any interest income is from seller-financed mortgages, see instructions and list that interest first.) ▶		
FERRIS BAKER WATTS INC		300
FIRST VIRGINIA BANK		191
VIRGINIA STATE HOUSING BONDS		2,831
WELLS FARGO BANK		42
SUBTOTAL		3,364
TAX EXEMPT INTEREST	1	-2,831
2 Add the amounts on line 1. Enter the total	2	533
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	533

Part II Dividend Income

(See instructions on pages 13 and 31.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III.

If you received, as a nominee, dividends that actually belong to another person, see page 31.

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Dividend income				Amount
5 Dividend income. (List name of payer - include on this line capital gain distributions, nontaxable distributions, etc.) ▶				
FERRIS BAKER WATTS INC.				259
JOHNSON AND JOHNSON				34
SELIGMAN INCOME FUND				2,458
THE RESERVE FUND				948
WASHINGTON MUTUAL			5	130
6 Add the amounts on line 5. Enter the total			6	3,829
7 Capital gain distributions. Enter here and on Schedule D*	7	18		
8 Nontaxable distributions. (See the instructions for Form 1040, line 9.)	8			
9 Add the amounts on lines 7 and 8. Enter the total			9	18
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶			10	3,811

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts

(See instructions on page 31.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.)		X
b If "Yes," enter the name of foreign country ▶		
12 Were you the grantor of, or transferor to, a foreign trust which existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule B (Form 1040) 1990

Schedule C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Partnerships, Joint Ventures, Etc., Must File Form 1065.

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1990

Attachment Sequence No. 09

Name of proprietor: THOMAS J. CAMPBELL

Social security number (SSN): 347-38-4500

A Principal business or profession, including product or service (see instructions)

B Enter principal business code (from page 2) ▶

C Business name and address (include suite or room no.) ▶ THOMAS J. CAMPBELL
665 ALVARADO ROW STANFORD, CA 94305

D Employer ID number (Not SSN)

E Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

F Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☒ Does not apply (if checked, go to line H)

		Yes	No
G	Was there change in determining quantities, costs, or valuations between opening & closing inventory? (If "Yes," att. explanation)		
H	Are you deducting expenses for business use of your home? (If "Yes," see instructions for limitations.)		X
I	Did you "materially participate" in the operation of this business during 1990? (If "No," see instructions for limitations on losses.)	X	

J If this is the first Schedule C filed for this business, check here ▶ ☐

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here ▶ ☐	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1. Enter the result here	3	
4	Cost of goods sold (from line 38 on page 2)	4	
5	Subtract line 4 from line 3 and enter the gross profit here	5	
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Add lines 5 and 6. This is your gross income ▶	7	

Part II Expenses

8	Advertising	8		21 Repairs and maintenance	21	
9	Bad debts from sales or services (see instructions)	9		22 Supplies (not included in Part III)	22	
10	Car and truck expenses (attach Form 4562)	10		23 Taxes and licenses	23	
11	Commissions and fees	11		24 Travel, meals, and entertainment:		
12	Depletion	12		a Travel	24a	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		b Meals and entertainment		
14	Employee benefit programs (other than on line 19)	14		c Enter 20% of line 24b subject to limitations (see instructions.)		
15	Insurance (other than health)	15		d Subtract line 24c from 24b	24d	
16	Interest:			25 Utilities	25	
	a Mortgage (paid to banks, etc.)	16a		26 Wages (less jobs credit)	26	
	b Other	16b		27 a Other expenses (list type and amount):		
17	Legal & professional services	17				
18	Office expense	18				
19	Pension & profit-sharing plans	19				
20	Rent or lease (see instr.):					
	a Vehicles, machinery and equip.	20a				
	b Other business property	20b		27 b Total other expenses	27b	

28	Add amounts in columns for lines 8 through 27b. These are your total expenses ▶	28	
29	Net profit or (loss). Subtract line 28 from line 7. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see instructions). If a loss, you MUST go on to line 30 (fiduciaries, see instructions)	29	0

30 If you have loss, you MUST check the box that describes your investment in this activity (see instr.) } 30a ☐ All investment is at risk. 30b ☐ Some investment is not at risk.

If you checked 30a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see instructions). If you checked 30b, you MUST attach Form 6198.

For Paperwork Reduction Act Notice, see Form 1040 Instructions. Schedule C (Form 1040) 1990

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074

1990

Attachment Sequence No. 12A

Name(s) shown on Form 1040	Your social security number
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL	347-38-4500

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this amount is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See instructions for line 1 . . . 1 64,551

Part I Short-term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
2b Amounts from Schedule D-1, line 2b (attach Schedule D-1)						
2c Total of All Sales Price Amounts. Add column (d) of lines 2a and 2b . . . ▶ 2c						
2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)						

			(f)	(g)
3	Short-term gain from sale or exchange of your home from Form 2119, lines 10 or 14c . . .	3		
4	Short-term gain from installment sales from Form 6252, lines 22 or 30 . . .	4		
5	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries . . .	5		
6	Short-term capital loss carryover from 1989 Schedule D, line 29 . . .	6		
7	Add lines 2a, 2b, 2d and 3 through 6, in columns (f) and (g) . . .	7	( )	
8	Net short-term gain or (loss). Combine columns (f) and (g) of line 7 . . .	8		

Part II Long-term Capital Gains and Losses – Assets Held More Than One Year

(a)	(b)	(c)	(d)	(e)	(f) LOSS	(g) GAIN
9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
400 SH FIRST VIRGINIA	11/13/84	8/06/90	9,040	7,650		1,390
4668 SHARES SELIGMAN	5/22/87	6/29/90	55,502	63,773	8,271	
5 SHARES INTERCONTINE	8/14/73	1/12/90	9			9
9b Amounts from Schedule D-1, line 9b (attach Schedule D-1) . . .						
9c Total of All Sales Price Amounts. Add column (d) of lines 9a and 9b . . . ▶ 9c			64,551			
9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)						

			(f)	(g)
10	Long-term gain from sale or exchange of your home from Form 2119, lines 10, or 14c . . .	10		
11	Long-term gain from installment sales from Form 6252, lines 22 or 30 . . .	11		
12	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries . . .	12		
13	Capital gain distributions . . .	13		18-
14	Gain from Form 4797, line 7 or 9 . . .	14		
15	Long-term capital loss carryover from 1989 Schedule D, line 36 . . .	15		
16	Add lines 9a, 9b, 9d and 10 through 15, in columns (f) and (g) . . .	16	(8,271)	1,417
17	Net long-term gain or (loss). Combine columns (f) and (g) of line 16 . . .	17		-6,854

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

Schedule D (Form 1040) 1990 Attachment Sequence No. 12A Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)	Your social security number
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL	347-38-4500

Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13	18	-6,854
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of:		
	a The (loss) on line 18, or		
	b ($3,000) or, if married filing a separate return, ($1,500)	19	(3,000)

Note: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive.

Go on to Part IV if the loss on line 18 is more than $3,000 ($1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.

Part IV Capital Loss Carryovers from 1990 to 1991

Section A. - Carryover Limit

20	Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions for amount to enter.)	20	74,607
	Note: For lines 21 through 36, enter all amounts as positive numbers		
21	Enter the loss on line 19	21	3,000
22	Enter the amount on Form 1040, line 36	22	4,100
23	Combine lines 20, 21, and 22. If zero or less, enter -0-	23	81,707
24	Carryover Limit. Enter the smaller of line 21 or line 23	24	3,000

Section B. - Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss on line 8			25	
26	Enter the gain, if any, on line 17	26			
27	Enter the amount on line 24	27			
28	Add lines 26 and 27			28	
29	Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter -0-			29	

Section C. - Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on line 17 and line 19.)

30	Enter the loss on line 17			30	6,854
31	Enter the gain, if any, on line 8			31	
32	Enter the amount on line 24	32	3,000		
33	Enter the amount, if any, on line 25	33			
34	Subtract line 33 from line 32. If zero or less, enter -0-			34	3,000
35	Add lines 31 and 34			35	3,000
36	Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter -0-			36	3,854

Part V Election Not to Use the Installment Method

(Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method. ▶ ☐

38 Enter the face amount of the note or other obligation ▶

39 Enter the percentage of valuation of the note or other obligation ▶

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Form 1099-B or substitute statements reporting bartering income.)

			Amount for bartering income from Form 1099-B or equivalent statement reported on form or schedule
40	Form 1040, line 22	40	
41	Schedule C (Form 1040)	41	
42	Schedule D (Form 1040)	42	
43	Schedule E (Form 1040)	43	
44	Schedule F (Form 1040)	44	
45	Other form or schedule (identify)(if not taxable, indicate reason - attach additional sheets if necessary):	45	
46	Total (add lines 40 through 45)	46	

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions.

SCHEDULE E
(Form 1040)
Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)
▶ Attach to Form 1040, Form 1041.
▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074
1990
Attachment Sequence No. 13

Name(s) shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I **Income or Loss From Rentals and Royalties** Note: Report farm rental income or loss from Form 4835 on page 2, line 39.

1 Show the kind and location of each rental property:
A BACKYARD BUNGALOW STANFORD CALIFORNIA
B
C

2 For each rental property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See instructions)

	Yes	No
A		X
B		
C		

		Properties A	Properties B	Properties C		D Totals (Add columns A, B, & C)
Rental and Royalty Income:						
3 Rents received	3	6,000			3	6,000
4 Royalties received	4				4	
Rental and Royalty Expenses:						
5 Advertising	5					
6 Auto and travel	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Mortgage interest paid to banks, etc. (see instr.)	11				11	
12 Other interest	12					
13 Repairs	13					
14 Supplies	14					
15 Taxes	15					
16 Utilities	16					
17 Wages and salaries	17					
18 ▶ UTILITIES AND MAINTENANCE	18	517				
19 Add lines 5 through 18	19	517			19	517
20 Depreciation expense or depletion (see instr.)	20				20	
21 Total expenses. Add lines 19 and 20.	21	517				
22 Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	5,483				
23 Deductible rental loss (see instr.)	23	(	(	(		

24 Income. Add rental and royalty income from line 22. Enter the total income here	24	5,483
25 Losses. Add royalty losses from line 22 and rental losses from line 23. Enter the total losses here	25	(
26 Total rental or royalty income or (loss). Combine amounts on lines 24 and 25. Enter the result here. If Parts II, III, IV and line 39 on page 2 do not apply to you, enter the amount from line 26 on Form 1040, line 18. Otherwise, include the amount from line 26 in the total on line 40 on page 2.	26	5,483

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule E (Form 1040) 1990

Form **2106**

Department of the Treasury
Internal Revenue Service

Employee Business Expenses

▶ See separate instructions.
▶ Attach to Form 1040.

OMB No. 1545-0139

1990

Attachment Sequence No. 54

Your name: THOMAS J. CAMPBELL

Social security number: 347-38-4500

Occupation in which expenses were incurred: CONGRESSMAN

Part I Employee Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and local transportation, including train, bus, etc.	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	3,000	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	79	
5 Meals and entertainment expenses. (See the separate instructions.)	5		
6 Add lines 1 through 5 and enter the total expenses here	6	3,079	

Note: *If you were not reimbursed for any expenses in Step 1, skip lines 7 and enter the amount from line 6 on line 8.*

STEP 2 Enter Amounts Your Employer Gave You For Expenses Listed in STEP 1.

7 Enter amounts your employer gave you that were not reported to you in Box 10 of Form W-2. (See instructions)	7		

STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040)

8 Subtract line 7 from line 6	8	3,079	
Note: If both columns of line 8 are zero, stop here. If Column A is less than zero, report the amounts as income and enter -0- on line 10, column A. See the separate instructions for how to report.			
9 Enter 20% (.20) of line 8, Column B	9		
10 Subtract line 9 from line 8	10	3,079	
11 Add the amounts on line 10 of both columns and enter the total here. Also enter the total on Schedule A (Form 1040), line 20. (Qualified performing artists and individuals with disabilities, see the separate instructions for special rules on where to enter the total.) ▶	11		3,079

For Paperwork Reduction Act Notice, see Instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach this form to your return.

OMB No. 1545-0172

1990

Attachment Sequence No. 67

Name(s) shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: FORM 2106 (OTHER)

Part I Election To Expense Certain Tangible Property (Section 179)
(**Note:** If you have any "Listed Property," also complete Part V.)

1	Maximum dollar limitation (see instructions)	1	$10,000
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation – Subtract line 3 from line 2, but do not enter less than –0–	4	
5	Dollar limitation for tax year – Subtract line 4 from line 1, but do not enter less than –0–	5	

(a) Description of property	(b) Cost	(c) Elected cost

7	Listed property – Enter amount from line 26	7	
8	Total elected cost of section 179 property – Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction – Enter the lesser of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1989 (see instructions)	10	
11	Taxable income limitation – Enter the lesser of taxable income or line 5 (see instructions)	11	
12	Section 179 expense deduction – Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1991 – Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1990 Tax Year
(Do Not Include Listed Property)

(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
14 General Depreciation System (GDS) (see instructions):						
a 3-year property						
b 5-year property		397	5	HY	200DB	79
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property						
h Nonresidential real property						
15 Alternative Depreciation System (ADS) (see instructions):						
a Class life						
b 12-year						
c 40-year						

Part III Other Depreciation (Do Not Include Listed Property)

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1990 (see instructions)	16	
17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV Summary

19	Listed property – Enter amount from line 25	19	
20	Total – Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 18. Enter here and on the appropriate lines of your return. (Partnerships and S corporations – see instructions)	20	79
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

For Paperwork Reduction Act Notice, see page 1 of the separate

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THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL                            12/31/90
347-38-4500                                                             PAGE 1
                                  FEDERAL DEPRECIATION SCHEDULE

                          DATE      DEPR.     PRIOR
NO.  DESCRIPTION        ACQUIRED   BASIS     DEPREC.   METHOD    LIFE  RATE       DEPR.
--- -------------- -------- --------- --------  -------   ---- ------ ---------

FORM 2106 (OTHER)
_________________

  1 FAX MACHINE        9/10/90       397               200DB 1/2    5 .20000          79
                                ---------  --------                          ---------
                                      397         0                                  79
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THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL
347-38-4500

12/31/90
PAGE 1

ALTERNATIVE MINIMUM TAX
DEPRECIATION SCHEDULE

NO.	DESCRIPTION	DATE ACQUIRED	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
FORM 2106 (OTHER)								
1	FAX MACHINE	9/10/90	397		150DB 1/2	12	.06250	25
			397	0				25

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR. Estates and trusts, use Form 8656.

OMB No. 1545-0227

1990

Attachment Sequence No. 32

Name(s) shown on Form 1040: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

1	Taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions.)			1	74,607
2	Net operating loss deduction, if any, from Form 1040, line 22. (Enter as a positive amount)			2	
3	Combine lines 1 and 2			3	74,607
4	**Adjustments:** (See instructions before completing.)				
a	Standard deduction, if any, from Form 1040, line 34	4a	0		
b	Personal exemption amount from Form 1040, line 36	4b	4,100		
c	Medical and dental expense	4c			
d	Miscellaneous itemized deductions from Schedule A (Form 1040), line 25	4d	1,747		
e	Taxes from Schedule A (Form 1040), line 8	4e	9,501		
f	Refund of taxes	4f	(2,690)		
g	Personal interest from Schedule A (Form 1040), line 12b	4g	691		
h	Other interest adjustments	4h			
i	Reserved	4i			
j	Depreciation of tangible property placed in service after 1986	4j	54		
k	Circulation and research and experimental expenditures paid or incurred after 1986	4k			
l	Mining exploration and development costs paid or incurred after 1986	4l			
m	Long-term contracts entered into after 2/28/86	4m			
n	Pollution control facilities placed in service after 1986	4n			
o	Installment sales of certain property	4o			
p	Adjusted gain or loss	4p			
q	Certain loss limitations	4q			
r	Tax shelter farm loss	4r			
s	Passive activity loss	4s			
t	Beneficiaries of estates and trusts	4t			
u	Combine lines 4a through 4t			4u	13,403
5	**Tax preference items:** (See instructions before completing.)				
a	Appreciated property charitable deduction	5a			
b	Tax-exempt interest from private activity bonds issued after 8/7/86	5b			
c	Depletion	5c			
d	Accelerated depreciation of real property placed in service before 1987	5d			
e	Accelerated depreciation of leased personal property placed in service before 1987	5e			
f	Amortization of certified pollution control facilities placed in service before 1987	5f			
g	Intangible drilling costs	5g			
h	Add lines 5a through 5g			5h	
6	Combine lines 3, 4u, and 5h			6	88,010
7	Alternative tax net operating loss deduction (Do not enter more than 90% of line 6.) See instructions			7	
8	Alternative minimum taxable income. Subtract line 7 from line 6. If married filing a separate return, see instructions			8	88,010
9	Enter: $40,000 ($20,000 if married filing separately; $30,000 if single or head of household)			9	40,000
10	Enter: $150,000 ($75,000 if married filing separately; $112,500 if single or head of household)			10	150,000
11	Subtract line 10 from line 8. If zero or less, enter -0- here and on line 12 and go to line 13			11	0
12	Multiply line 11 by 25% (.25)			12	
13	Subtract line 12 from line 9. If zero or less, enter -0-. If completing this form for a child under age 14, see instructions for the amount to enter			13	40,000
14	Subtract line 13 from line 8. If zero or less, enter -0- here and on line 19 and skip lines 15 thru 18			14	48,010
15	Multiply line 14 by 21% (.21)			15	10,082
16	Alternative minimum tax foreign tax credit. See instructions			16	
17	Tentative minimum tax. Subtract line 16 from line 15			17	10,082
18	Enter your tax from Form 1040, line 38, minus any foreign tax credit on Form 1040, line 43. If an amount is entered on line 39 of Form 1040, see instructions			18	16,671
19	Alternative minimum tax. Subtract line 18 from line 17. If zero or less, enter -0-. Enter this amount on Form 1040, line 48. If completing this form for a child under age 14, see instructions for amount to enter			19	0

For Paperwork Reduction Act Notice, see separate instructions.

WAGES SCHEDULE
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL
347-38-4500

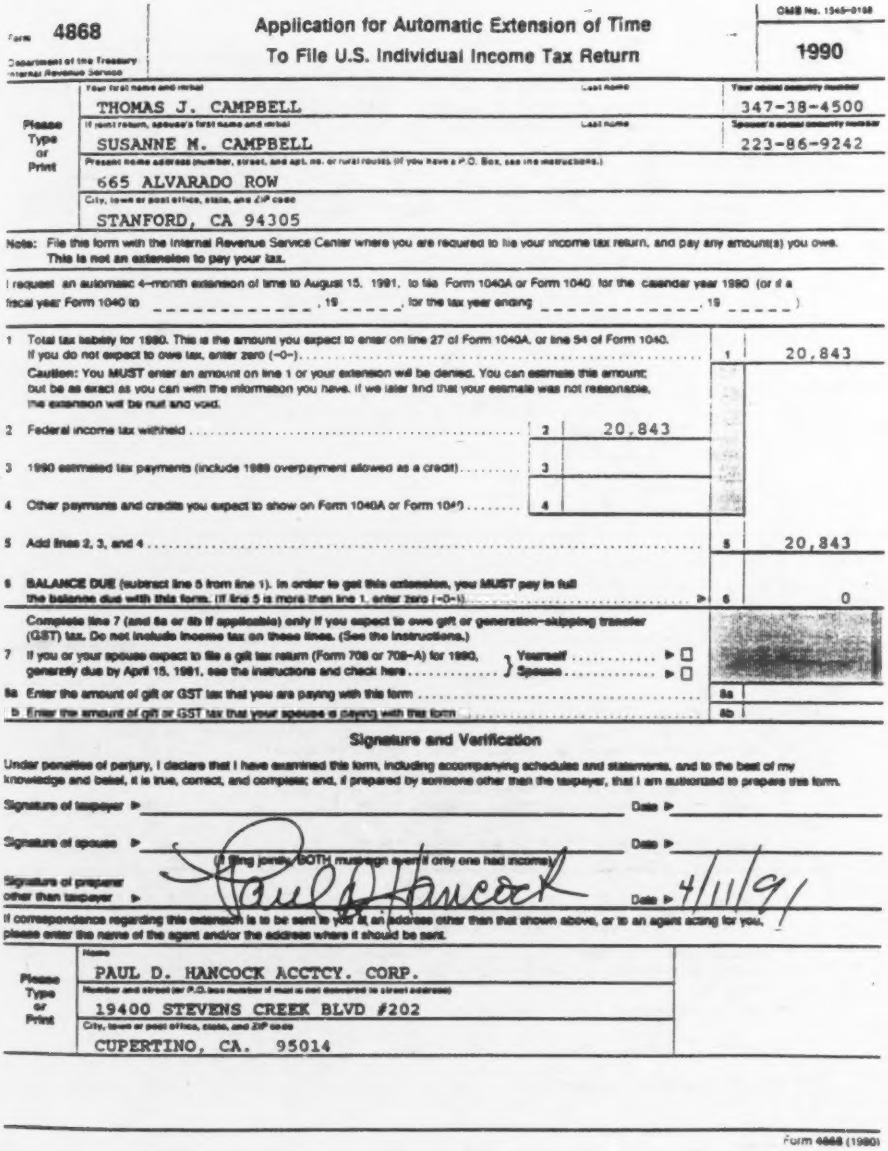
PAGE 1

WAGES SELF - EMPLOYER	FEDERAL W/H	WAGES	FICA	STATE W/H	SDI
U.S. HOUSE OF REPRESENTATIVE	20,844	95,417	3,924	5,950	
TOTALS	20,844	95,417	3,924	5,950	

FORM 1040 - STATEMENTS
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL
347-38-4500

STATEMENT 1
LINE 22 - OTHER INCOME

STANFORD UNIVERSITY TEACHING STIPEND	15,000
TRAVEL REIMBURSEMENT	402
TOTAL	15,402



Form **4868**
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0188

1990

Please Type or Print

Your first name and initial: THOMAS J. CAMPBELL — Last name — Your social security number: 347-38-4500

If joint return, spouse's first name and initial: SUSANNE M. CAMPBELL — Last name — Spouse's social security number: 223-86-9242

Present home address (number, street, and apt. no. or rural route) (If you have a P.O. Box, see the instructions.): 665 ALVARADO ROW

City, town or post office, state, and ZIP code: STANFORD, CA 94305

Note: File this form with the Internal Revenue Service Center where you are required to file your income tax return, and pay any amount(s) you owe. **This is not an extension to pay your tax.**

I request an automatic 4-month extension of time to August 15, 1991, to file Form 1040A or Form 1040 for the calendar year 1990 (or if a fiscal year Form 1040 to ____________, 19_____, for the tax year ending ____________, 19 _____).

1	Total tax liability for 1990. This is the amount you expect to enter on line 27 of Form 1040A, or line 54 of Form 1040. If you do not expect to owe tax, enter zero (-0-) **Caution:** You **MUST** enter an amount on line 1 or your extension will be denied. You can estimate this amount; but be as exact as you can with the information you have. If we later find that your estimate was not reasonable, the extension will be null and void.			1	20,843
2	Federal income tax withheld	2	20,843		
3	1990 estimated tax payments (include 1989 overpayment allowed as a credit)	3			
4	Other payments and credits you expect to show on Form 1040A or Form 1040	4			
5	Add lines 2, 3, and 4			5	20,843
6	**BALANCE DUE** (subtract line 5 from line 1). **In order to get this extension, you MUST pay in full the balance due with this form. (If line 5 is more than line 1, enter zero (-0-).)** ▶			6	0

Complete line 7 (and 8a or 8b if applicable) only if you expect to owe gift or generation-skipping transfer (GST) tax. Do not include income tax on these lines. (See the instructions.)

7 If you or your spouse expect to file a gift tax return (Form 709 or 709-A) for 1990, generally due by April 15, 1991, see the instructions and check here } **Yourself** ▶ ☐ **Spouse** ▶ ☐

8a Enter the amount of gift or GST tax that you are paying with this form — 8a

b Enter the amount of gift or GST tax that your spouse is paying with this form — 8b

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of taxpayer ▶ ____________ Date ▶ ____________

Signature of spouse ▶ ____________ Date ▶ ____________

(If filing jointly, BOTH must sign even if only one had income.)

Signature of preparer other than taxpayer ▶ Paul D Hancock Date ▶ 4/11/91

If correspondence regarding this extension is to be sent to you at an address other than that shown above, or to an agent acting for you, please enter the name of the agent and/or the address where it should be sent.

Please Type or Print

Name: PAUL D. HANCOCK ACCTCY. CORP.

Number and street (or P.O. box number if mail is not delivered to street address): 19400 STEVENS CREEK BLVD #202

City, town or post office, state, and ZIP code: CUPERTINO, CA. 95014

Form 4868 (1990)

FORM 540

California Resident Income Tax Return 1990

Step 1

Name and Address

Use the California Mailing label. Otherwise, print or type. Fiscal year beginning 1990, ending 19

Your first name and initial (if joint return, also give spouse's name and initial) — Last name	Your social security number	Do Not Use These Spaces
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL	347-38-4500	P
Present home address – number and street including apartment number, P.O. Box or rural route	Spouse's social security number	M
665 ALVARADO ROW	223-86-9242	A
City, town, or post office, state and ZIP code		R
STANFORD, CA 94305		E

Step 2

Filing Status

Check only one.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return.
Enter spouse's social security number above and full name here. ______
4 ☐ Head of household (with qualifying person).
If qualifying person is your child but not your dependent, enter child's name here. ______
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19

Step 3

Exemptions

6	If someone (such as your parent) can claim you as a dependent on his or her tax return, check here, skip lines 7 through 10 and enter –0– on line 11	• 6	☐
7	Personal: If you checked box 1, 3 or 4 above, enter $58. If you checked box 2 or 5, enter $116	7	116
8	Blind: If you or spouse is visually impaired, enter $58. If both are visually impaired, enter $116	8	
9	Senior: If you or your spouse is 65 or older, enter $58. If both are 65 or older, enter $116	• 9	
10	Dependents: Enter name & relationship. Do not include yourself or your spouse. Number of dependents ____ x $58	10	
11	Total exemption credits. Add lines 7 through 10	11	116

COPY

Step 4

Taxable Income

Attach copy of your Form(s) W-2, W-2P and 1099-R here.

12	State wages from your W-2 form, box 25 • 12 95,417		
13	Federal adjusted gross income from line 31 of your Form 1040, line 16 of your Form 1040A, or line 3 of your Form 1040EZ	13	120,336
14	California adjustments – subtractions. Enter amount from Schedule CA, line 15	• 14	2,990
15	Subtract line 14 from line 13. If less than zero, enter the result in brackets. See instructions	15	117,346
16	California adjustments – additions. Enter amount from Schedule CA, line 23	• 16	2,831
17	California adjusted gross income. Combine line 15 & line 16. If $21,800 or less, see instr	• 17	120,177
18	Enter the larger of: { • Your standard deduction (see instructions), OR • Your itemized deductions (from Schedule CA, line 28). }	• 18	35,679
19	Taxable income. Subtract line 18 from line 17. If less than zero, enter zero	19	84,498

Step 5

Tax

Attach check or money order here.

20	Enter tax. Check if from ☒ Tax Table or Tax Rate Schedule. ☐ FTB 3800 or ☐ FTB 3803 Caution: If under age 14 and you have more than $1,000 of investment income, read line 20 instructions to see if you must attach form FTB 3800.	• 20	5,151
21	Exemption credits. Check if from ☒ line 11 above or ☐ Schedule P (540). Caution: See the worksheet and instructions in Step 6 before entering an amount on line 21	⦿ 21	116
22	Subtract line 21 from line 20. If less than zero, enter zero	22	5,035
23	Tax from ☐ Schedule G-1, line 21 & from ☐ form FTB 5870A	• 23	
24	Add line 22 and line 23. Continue to Side 2	24	5,035

For Privacy Act Notice, see instructions.

LSC THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 347-38-4500

Step 6 Credits	25	Amount from Side 1, line 24		25 5,035
	26	Credit for child and dependent care expenses. See instructions	● 26	
	27	Credit for taxpayers with military income. See instructions	● 27	
	28	Credit ______ Code no. ___	▶ 28	
	29	Credit ______ Code no. ___	▶ 29	
	30	Credit ______ Code no. ___	▶ 30	
	31	To claim more than three credits, see instructions	● 31	
	32	Credit for taxpayers with limited income. See instructions	● 32	
	33	Total credits. Add lines 26 through 32		33
	34	Subtract line 33 from line 25. If under zero, enter zero		34 5,035
Step 7 Other Taxes	35	Alternative minimum tax. Attach Schedule P (540)		● 35
	36	Other taxes. See instructions		● 36
	37	Total tax. Add lines 34 through 36		● 37 5,035
Step 8 Payments	38	California income tax withheld. Enter total from your 1990 Form(s) W-2 and 1099-R	■ 38 5,950	
	39	1990 California estimated tax and amount applied from 1989 return. Include amount paid with any extension request (form FTB 3502)	■ 39	
	40	Renter's credit. Enter amount from Schedule H (540), line 9	■ 40	
	41	Excess California SDI withheld. See instructions	■ 41	
	42	Total payments. Add lines 38 through 41		42 5,950
Step 9 Overpaid Tax or Tax Due	43	Overpaid tax. If line 42 is larger than line 37, subtract line 37 from line 42		43 915
	44	Amount of line 43 to be applied to your 1991 estimated tax		■ 44
	45	Amount of overpaid tax available this year. Subtract line 44 from line 43		■ 45 915
	46	Tax due. If line 37 is larger than line 42, subtract line 42 from line 37		46 0
Step 10 Contributions	47	Contribution to California Seniors Special Fund. See instructions		● 47
		You may make a contribution of $1 or more to:		
	48	Alzheimer's Disease/Related Disorders Fund	● 48	
	49	California Fund for Senior Citizens	● 49	
	50	Rare and Endangered Species Preservation Program	● 50	
	51	State Children's Trust Fund for the Prevention of Child Abuse	● 51	
	52	United States Olympic Committee Fund	● 52	
	53	Vietnam Veterans Memorial Fund	● 53	
	54	CA Election Campaign Fund: Your party ______ ($25 max)	▶ 54	
	55	CA Election Campaign Fund: Spouse's ______ ($25 max)	▶ 55	
	56	Total voluntary contributions. Add lines 48 through 55		● 56
	57	Total contributions. Add line 47 and line 56		57 0
Step 11 Refund or Amount You Owe	58	**REFUND OR NO AMOUNT DUE.** Subtract line 57 from line 45. Mail your return to: **Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0009**		■ 58 915
	59	**AMOUNT YOU OWE.** Add line 46 & line 57. Attach check or money order for full amount payable to "Franchise Tax Board." Write your social security number and "1990 Form 540" on it. **Mail it with your return to: Franchise Tax Board, P.O. Box 942867, Sacramento, CA 94267-0001**		■ 59 0
Step 12 Interest and Penalties	60	Interest and late return and late payment penalties		60
	61	Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check box at right ☐		● 61
	62	To reduce State printing costs, if you and your tax preparer do not need California income tax forms and instructions mailed to you next year, check box at right		● 62 ☒

Sign Here

Attach copy of federal return to this return

It is unlawful to forge a spouse's signature.

IMPORTANT: You must attach a copy of your federal income tax return and federal schedules. 4

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature X

Spouse's signature (if filing jointly, both must sign) X

Date

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)

PAUL D. HANCOCK Paul D. Hancock

Preparer's SSN/FEIN 492-50-6760

Firm's name (or yours if self-employed) PAUL D. HANCOCK ACCTCY. CORP.

Firm's address 19400 STEVENS CREEK BLVD #202
CUPERTINO, CA. 95014

94-2773669

Side 2 Form 540 1990

TAXABLE YEAR **1990**

California Adjustments

SCHEDULE **CA**

Important: Attach this schedule directly behind Form 540 or 540NR

Name(s) as shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Social security number: 347-38-4500

PART I ADJUSTMENTS TO FEDERAL ADJUSTED GROSS INCOME

Step 1 Subtractions	1	State income tax refund from federal Form 1040, line 10, or Form 1040NR, line 11	1	2,690
	2	Unemployment compensation from federal Form 1040, line 20 or Form 1040A, line 12, or Form 1040NR, line 21	2	
	3	Social security benefits from federal Form 1040, line 21b, or Form 1040, line 13b, or Form 1040NR, page 4, line 76	3	
	4	California nontaxable interest or dividend income. See instructions	4	300
	5	Railroad retirement benefits and sick pay. See instructions	5	
	6	California Lottery winnings. See instructions	6	
	7	Fringe benefits, etc. See instructions	7	
	8	IRA distributions. See instructions	8	
	9	Pensions and annuities. See instructions	9	
	10	Passive activity. See instructions	10	
	11	Depreciation and amortization from form FTB 3885A, line 6a and line 10a	11	
	12	Capital gains or (losses) from California Schedule D, line 11a	12	
	13	Other gains or (losses) from California Schedule D-1, line 21a and line 38	13	
	14	Other subtractions:		
		a CA net operating loss ded. from your 1989 forms FTB 3805V & 1990 FTB 3805Z. See instr.	14a	
		b Other. See instructions. Specify	14b	)
	15	Total subtractions. Add lines 1 through 14b. Enter here and on Form 540, line 14	15	2,990
Step 2 Additions	16	Interest on state and municipal bonds from a state other than California. See instructions	16	2,831
	17	Fringe benefits, etc. See instructions	17	
	18	Passive activity. See instructions	18	
	19	Depreciation and amortization from form FTB 3885A, line 6b and line 10b	19	
	20	Capital gains or (losses) from California Schedule D, line 11b	20	
	21	Other gains or (losses) from California Schedule D-1, line 21b and line 38	21	
	22	Other additions:		
		a Federal net operating loss deduction from your 1990 federal Form 1040, line 22	22a	
		b Other. See instructions. Specify	22b	
	23	Total additions. Add lines 16 through 22b. Enter here and on Form 540NR, line 16	23	2,831

PART II ADJUSTMENTS TO FEDERAL ITEMIZED DEDUCTIONS

24	Federal itemized deductions from federal Schedule A (Form 1040), line 27, or Schedule A (Form 1040NR), line 10	24	41,629
25	State & local income taxes from federal Schedule A (Form 1040), line 5, or schedule A (Form 1040NR), line 2 and foreign income taxes. See instructions	25	5,950
26	Subtract line 25 from line 24	26	35,679
27	Other adjustment. See instructions. Specify	27	
28	California itemized deductions. Combine line 26 and line 27	28	35,679

If your California itemized deductions on line 28 are larger than your standard deduction, enter your California itemized deductions on Form 540, line 18. Otherwise, enter your standard deduction on Form 540, line 18

TAXABLE YEAR 1990

California Capital Gain or Loss Adjustment

SCHEDULE D

Name(s) as shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Social security number: 347-38-4500

1 (a) Kind of property and description (identify S corporation stock) Example: 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	(d) Loss, if (c) is more than (b), subtract (b) from (c)	(e) Gain, if (b) is more than (c), subtract (c) from (b)
CAPITAL GAIN DISTRIBUTIONS				18
400 SH FIRST VIRGINIA BANK ST	9,040	7,650		1,390
4668 SHARES SELIGMAN INCOME F	55,502	63,773	8,271	
5 SHARES INTERCONTINENTAL TRA	9	0		9

2 Net gain or (loss) from partnerships, S corporations and fiduciaries	2		
3 Total 1990 gains from all sources. Add column (e) amounts of line 1 and line 2	3		1,417
4 1990 loss. Add column (d) amounts of line 1 and line 2	4	8,271	
5 California capital loss carryover from 1989, if any. See instructions	5		
6 Total 1990 loss. Add line 4 and line 5	6	8,271	
7 Net gain or net loss. Combine line 3 and line 6 and enter the net gain or (loss) here. See instructions	7		-6,854
8 If line 7 is a loss, enter here. Enter as a loss on line 10, the lesser of: (a) the amount on line 7; or (b) $3,000 ($1,500 if married filing a separate return). See instructions	8		(3,000)
9 Combine and enter the amount(s) from federal Form 1040, line 13 and line 14	9		-3,000
10 Enter the California gain from line 7 or loss from line 8	10		-3,000
11 California gain or loss adjustment: Compare line 9 and line 10. See instructions.			
a Adjustment decrease. Enter the difference here and on Schedule CA, line 12	11a		
b Adjustment increase. Enter the difference here and on Schedule CA, line 20	11b		

FTB 3885A/Schedule D 1990

LSC
TAXABLE YEAR
1990

Alternative Minimum Tax and Credit Limitations – Residents

CALIFORNIA SCHEDULE
P (540)

Attach this schedule to Form 540

Name(s) as shown on Form 540: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Tentative Minimum Tax and Alternative Minimum Tax Computation

1		Taxable income from Form 540, line 19 (may be less than zero)			1	84,498
2		Net operating loss deduction, if any, from Schedule CA, line 14a. Enter as a positive amount			2	
3		Add line 1 and line 2			3	84,498
4		Adjustments (See instructions before completing.):				
	a	Standard deduction from Form 540, line 18	4a	0		
	b	Medical and dental expense	4b			
	c	Miscellaneous itemized deductions from federal Schedule A (Form 1040), line 25	4c	1,747		
	d	Personal and real property taxes	4d	3,551		
	e	Refund of personal and real property taxes	4e			
	f	Interest from federal Schedule A (Form 1040), line 12b	4f	691		
	g	Other interest adjustments	4g			
	h	Combine lines 4a through 4g			4h	5,989
	i	Depreciation of property placed in service after 1986	4i	54		
	j	Circulation & research & experimental expenditures paid or incurred after 1986	4j			
	k	Mining exploration and development costs paid or incurred after 1986	4k			
	l	Long-term contracts entered into after 2/28/86	4l			
	m	Pollution control facilities placed in service after 1986	4m			
	n	Installment sales of certain property	4n			
	o	Adjusted gain or loss	4o			
	p	Certain loss limitations	4p			
	q	Tax shelter farm activities	4q			
	r	Passive activities	4r			
	s	Beneficiaries of estates and trusts	4s			
	t	Combine lines 4i through 4s			4t	54
5		Tax preference items (See instructions before completing.):				
	a	Appreciated property charitable deduction	5a			
	b	Depletion	5b			
	c	Add lines 5a and line 5b			5c	
	d	Accelerated depreciation of real property placed in service before 1987	5d			
	e	Accelerated depreciation of leased personal property placed in service before 1987	5e			
	f	Amortization of certified pollution control facilities placed in service before 1987	5f			
	g	Intangible drilling costs	5g			
	h	Add lines 5d through 5g			5h	
6		Combine lines 3, 4h, 4t, 5c and 5h			6	90,541
7		Alternative minimum tax net operating loss deduction. Do not enter more than 90% of line 6. See instructions			7	
8		Alternative minimum taxable income. Subtract line 7 from line 6. If married filing separate, see instructions			8	90,541
9		Enter: $40,000 ($20,000 if married filing separate; $30,000 if single or head of household)			9	40,000
10		Enter: $150,000 ($75,000 if married filing separate; $112,500 if single or head of household)			10	150,000
11		Subtract line 10 from line 8. If zero or less, enter zero here and on line 12			11	0
12		Multiply line 11 by 25% (.25)			12	0
13		Subtract line 12 from line 9. If zero or less, enter zero. See instructions			13	40,000
14		Subtract line 13 from line 8. If zero or less, enter zero here and on line 17			14	50,541
15		Tentative minimum tax. Multiply line 14 by 7% (.07)			15	3,538
16		Regular tax before credits from Form 540, line 20. If amount is entered on Form 540, line 23, see instructions			16	5,151
17		Alternative minimum tax. Subtract line 16 from line 15. If zero or less, enter zero. If this schedule is for a child under 14, see instructions. If you do not have Part II, Section D credits, also enter this amount on Form 540, line 35			17	0

If line 16 is larger than zero, continue to Side 2, Part II.

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL
347-38-4500

12/31/90
PAGE 1

CALIFORNIA DEPRECIATION SCHEDULE

NO.	DESCRIPTION	DATE ACQUIRED	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
FORM 2106 (OTHER)								
1	FAX MACHINE	9/10/90	397		200DB 1/2	5	.20000	79
		TOTALS:	397	0				79

```
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL                              12/31/90
347-38-4500                                                               PAGE 1
                      CALIFORNIA ALTERNATIVE MINIMUM TAX
                            DEPRECIATION SCHEDULE

                          DATE     DEPR.    PRIOR
NO. DESCRIPTION     ACQUIRED  BASIS    DEPREC.    METHOD   LIFE  RATE    DEPR.
--- -------------- -------- -------- -------- ---------- ---- ------ --------

FORM 2106 (OTHER)
_________________

  1 FAX MACHINE      9/10/90       397          150DB 1/2  12 .06250       25
                             -------- --------                       --------
                     TOTALS:       397        0                              25
```

LSC
TAXABLE YEAR
1990

Applicati for Automatic Extension of Tim to File Individual Income Tax Return

CALIFORNIA FORM
3502

Your first name and middle initial (if joint return, also give spouse's name and initial) | Last name
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number
347-38-4500

Present address (Number and street including apartment number, P.O. box or rural route)
665 ALVARADO ROW

Spouse's social security number
223-86-9242

City, town or post office, state and ZIP code
STANFORD, CA 94305

File form FTB 3502 on or before the original due date of your return and pay the amount shown on line 6 below. This is not an extension of time for payment of tax. Exception: If you properly requested a federal extension and complete line B, see instruction D.

Complete either line A, B or C:

A. I request an automatic six month extension of time to file Form 540, Form 540A or Form 540NR for calendar yr. 19 90 or fiscal year beginning ________, 1990, and ending ________, 19 ___.

B. I request an automatic 6 month extension of time to file Form 540, Form 540A or Form 540NR because I have requested a federal extension on federal Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, for calendar yr. 19 ___ or fiscal year beginning ________, 1990, and ending ________, 19 ___. I have also paid in full any balance due to obtain the federal extension.

C. I am residing/traveling abroad. I request an extension of time to ________, 19 ___, to file Form 540, Form 540A or Form 540NR for calendar yr. 19 ___ or fiscal year beginning ________, 1990, and ending ________, 19 ___ (see instruction E).

1 Total tax liability for 1990. This is the amount you expect to enter on line 37 of Form 540, or line 23 of of Form 540A, or line 46 of Form 540NR. If you do not expect to owe tax, enter zero (–0–). Caution: You MUST enter an amt. on line 1. You can estimate the amt., but be as exact as you can with the info. you have. If we later find that your estimate was not reasonable, the extension will be null and void			1	5,950
2 State income tax withheld	2	5,950		[redacted]
3 1990 estimated tax payments (include 1989 overpayment allowed as a credit)	3			
4 Other payments and credits, including renter's credit (residents only enter: $60.00 if single or married filing separate; $120.00 if married filing joint, head of household or qualifying widow(er)). Nonresidents and part-year residents: see instructions for Form 540NR	4			
5 Total payment. Add lines 2 through 4			5	5,950
6 INCOME TAX BALANCE DUE. Subtract line 5 from line 1. If line 5 is more than line 1, enter zero (–0–). You must pay the balance due with this form in full (attach check or money order to this form), unless you completed line B above. Otherwise, your application will be denied			6	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and if prepared by someone other than the taxpayer, that I am authorized to prepare this form. It is unlawful to forge a spouse's signature.

Signature of taxpayer ▶ ________ Date ▶ ________

Signature of spouse ▶ ________ Date ▶ ________
(If filing jointly, BOTH must sign even if you had only one income)

Signature of preparer other than taxpayer ▶ Paul D. Hancock Date ▶ 4/11/91
For Privacy Act Notice, see form FTB 1131. PAUL D. HANCOCK

If you include a payment with this form, mail to: Franchise Tax Board, P.O. Box 942867, Sacramento, CA 94267-0051.
If you do not include a payment with this form, mail to: Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0080.

The Franchise Tax Board will complete this section if your application is denied. You will not receive a notice if the extension is granted.

Your application for extension of time to file a return has been DENIED because:

☐ The application is not signed. If you sign this application and return it WITHIN 10 DAYS, or by the original due date of your return (whichever is later), we will reconsider it.

☐ Your social security number is incomplete. If you enter the required nine digits on this application and return it WITHIN 10 DAYS, or by the original due date of your return (whichever is later), we will reconsider it.

☐ We did not receive the completed application WITHIN 10 DAYS from the date of prior denial or from the date we returned the form to you.

☐ The application was filed after the original due date of the return.

☐ No extension beyond six months may be granted except for taxpayers residing or traveling abroad.

☐ The income tax balance due, as shown on line 6, (only if line A or line B was completed), was not included with the application.

☐ Other ________

We have applied your payment of $ ________ that you sent with this form to account number ________

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 11 01

U.S. [illegible]

HAND DELIVERED

BENJAMIN L. CARDIN
(Full Name)

2509 Shelleydale Drive
(Mailing Address)

Baltimore, Maryland 21209

Filer Status	☒ Member of the U.S. House of Representatives State: Maryland District: 3rd.	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 22

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State of Maryland (Income earned prior to being elected to Congress)	Deferred COmpensation	$ 23,400	
	Sole Proprietor - Law Practice	Legal Fees	8,000	
	State of Maryland	Pension	3,077	
	Maryland Assoc. of Non-Public Special Educational Facilities	Spouse Salary	N/A	
	Arent, Fox, Kinter, Plotkin & Kahn, 1050 Connecticut Avenue, N.W., Wash., D.C. (Feb., 1990)	Honorarium - Speech	500	X
	American Council for Capital Formation, 1850 K St., N.W., Wash., D.C. (Feb. 9, 1990)	Honorarium - Speech	2,000	X
	American College of Emergency Physicians, P.O.Box 619911, Dallas, Tex., (March 5, 1990)-Speech in Washington, D.C.	Honorarium - Speech	1,000	X
	The New England, 501 Boylston St., Boston, Mass. (March 13, 1990)-Speech in Washington, D.C.	Honorarium - Speech	2,000	X
	Washington Tax Seminar, 499 South Capitol St.,S.W. Wash., D.C. (March 28, 1990)	Honorarium - Speech	1,000	X
	Tax Council, 122 C St.,N.W., Wash., D.C. (Sept. 25, 1990)	Honorarium - Speech	500	X

For additional earned income, use next page

Reporting Individual's Name
BENJAMIN L. CARDIN

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Blue Cross/Blue Shield, 676 N. St. Clair St., Chicago, Ill. (Sept. 18, 1990)-Speech in Washington, D.C.	Honorarium - Speech	$ 2,000	X
National Custom Brokers & Forwarders, One World Trade Center, N.Y.,N.Y. (Oct., 1990)-Speech in washington, D.C .	Honorarium - Speech	500	X

Reporting Individual's Name
BENJAMIN L. CARDIN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	N.C.R. Stock			X							X								X								
	Olin Corporation Stock		X								X								X								
	Bristol Myers Squibb Co. Stock				X						X									X							X
	Time Warner Stock (NOTE 1)		X								X			X						X		X					X
	BHC Communications, Inc. Stock ~~(NOTE 1)~~		X																								X
	Niagara Mohawk Stock		X																								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BENJAMIN L. CARDIN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	BTR Stock		X								X							X									
	Radiation System Stock		X								X							X									
	Westmark Int. Incorp. Stock	X																									
S	Northeast Utilities Stock		X								X								X								
JT	Smith, Barney Cash Management Account					X					X											X					X
JT	Maryland State Bond		X										X						X								
JT	Maryland Health & Higher Ed. Bond		X										X						X								
JT	Israel Bonds		X										X					X									
JT	Maryland State Bond - D.O.T. NO LONGER OWNED	X											X						X								X
JT	Anne Arundel Co. Bond (Md.) NO LONGER OWNED	X											X							X							X
JT	Columbia Savings CD (Englewood, Co.) NO LONGER OWNED	X											X							X							
JT	First Federal Michigan CD NO LONGER OWNED	X											X							X							
NOTE 2	Venture B.G. Partnership, 3601 Washington Blvd., Balto., Md.				X					X NOTE 2							Distributions				X						
	Benjamin L. Cardin, P.A. NOTE 3 NO LONGER OWNED	X												X					X								X
	Deferred Compensation Plan, State of Maryland				X												Note 7										X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BENJAMIN L. CARDIN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC) NOTE: Only dependent child is Deborah Cardin (daughter)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
NOTE 4	I.R.A.s - Sequoia Federal Savings Bank, Baltimore, MD.			X									X							X							
	Keough - A.B.A. Retirement Plan Benj. L. Cardin Retire. Plan					X											Note 7										
S	Deferred Compensation Plan - Spouse's Employment		X														Note 7										
S	T.I.A.A.-CREF - Retirement & Pension Plans - Spouse's Empl.		X														Note 7										
	Benjamin L. Cardin Trust (B. Green) NOTE 5							X			X		X										X X				
S DC	Benjamin L. Cardin Trust (Settlor) NOTE 6		X																								X
DC	Union Pacific Stock		X								X								X								
DC	A.T.& T. Stock		X								X							X									
DC	MCI Communications, Inc. Stock		X								X							X									
DC	Baltimore Bancorp Stock NO LONGER OWNED	X									X							X									X
DC	Laidlaw Transportation Ltd. Stock		X								X							X									
DC	Time Warner Stock NOTE 1		X								X			X					X			X					X
DC	BHC Communications, Inc. Stock NOTE 1	X																									
DC	Browning Ferris Industries, Inc. Stock		X								X							X									X
DC	GTE Corp. Stock		X								X							X									X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BENJAMIN L. CARDIN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC) NOTE: Only dependent child is Deborah Cardin (daughter)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S DC JT		A none (or less than $1,001)	B $4,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Niagara Mohawk Power Stock		X																								X
DC	Rollins Environmental Services, Inc. Stock		X								X							X									X
DC	Scott Paper Co. Stock		X								X							X									X
DC	Unocal Corp. Stock		X								X							X									X
DC	Variety Corp. Stock		X																								X
DC	Smith, Barney Cash Management			X							X										X						X
DC	B. Green & Co. Inc. 3601 Wash. Blvd. Balto., Md. Promissory Note		X										X					X									X
DC	Israel Bonds		X										X						X								
DC	Swiss Mtn. Condominium, Unit 2404, Seven Springs, Pa. NOTE 8				X					X Note 8		X					Gross Net	 X				X					X
DC	Swiss Mtn. Condominium Mortgage NOTE 8 NO LONGER OWNED	X											X						X								X
DC	Various Savings Accounts NOTE 9			X									X						X								

Reporting Individual's Name

BENJAMIN L. CARDIN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NOTE: Only dependent child is Deborah Cardin (daughter)

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Bristol Myers Squibb Co. Common Stock	X			NOTE 11	X						
	Warner Communications Stock/ Time Warner Communications Stock & BHC Communications Stock NOTE 1			X	1-30-90		X					
	Swiss Mountain Condominium and mortgage, Unit 2404, Seven Springs, Pa. NOTE 8			X	6-15-90			X				
	Deferred Compensation Plan State of Maryland	Withdrawals			Monthly		X					
JT	Smith, Barney Cash Management Account	X	X		NOTE 12							
JT	Maryland State Bond	Matured			11-15-90	X						
JT	Anne Arundel Co., MD Bond	Matured			7-15-90	X						
	Benjamin L. Cardin, P.A.	Dissolved			12-10-90	less than $1000						
S DC	Benjamin L. Cardin Trust (Settlor) NOTE 6	X			6-30-90 11-5-90	X						
	See NOTE 5 for Transactions of Benjamin L. Cardin Trust (B. Green)											
DC	Baltimore Bancorp Common Stock		X		7-11-90	X						
DC	GTE Corp. Common Stock	X			7-20-90	X						
DC	Niagara Mohawk Power Common Stock	X			7-11-90	X						
DC	Rollins Environmental Services Common Stock	X			7-11-90	X						
DC	Scott Paper Common Stock	X			7-11-90	X						

Reporting Individual's Name
BENJAMIN L. CARDIN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17. NOTE: Only dependent child is Deborah Cardin (daughter) NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
DC	Unocal Common Stock	X			2-6-90	X						
DC	Varity Corp Common Stock	X			7-11-90	X						
DC	Smith, Barney Cash Management Account	X	X		NOTE 13	X						
DC	BMC Industries, Inc. Common Stock NOTE 14	X			12-4-90	X						
DC	B. Green & Co., Inc. NOTE 15 (Promissory Note)	X			6-20-90	X						
DC	Warner Communications Stock/Time Warner & BHC Communications Stock NOTE 1			X	1-30-90	X						
DC	Browning Ferris Industries, Inc. Common Stock	X			1-26-90	X						

ETHICS IN GOVERNMENT ACT _ FINANCIAL DISCLOSURE STATEMENT

BENJAMIN L. CARDIN

PART VIII POSITIONS

POSITION	NAME OF ORGANIZATION
Director/Pres. Employee	Benjamin L. Cardin, P.A. (Spouse also a director & Secretary), Baltimore, Maryland
Director	Park School - Baltimore, Maryland
Member	Chancellor's Advisory Council of the University of Maryland System, College Park, Maryland
Trustee/Secretary of the Bd. of Trustees	St. Mary's College, St. Mary's, Maryland
Director	Catonsville Community College Foundation, Balto., Md.
Member	President's Advisory Board, University of Maryland, Baltimore County Campus, Baltimore, Maryland
Director	Re-Visions Foundation, Inc., Baltimore, Maryland
Director/Chairman	Maryland Legal Services Corporation, Balto., Md.
Trustee	Baltimore Museum of Art, Baltimore, Maryland
Board Member	Menorah Lodge #771, B'nai B'rith, Balto., Md.
Board of Visitors	University of Maryland Law School, Balto., Md.
Member	Safety First Club Board Member, Baltimore, Maryland
Board of Advisors	Closeup Foundation, Virginia
Board of Advisors	Volunteers of America, Balto., Md.
Board of Directors	Baltimore-Washington International Airport Development Council
Technical Review Committee	Maryland Psychiatric Research Center
Partner	Partnerships listed in PARTS II & III (Venture BG, Green Properties and Warwick Associates)

NOTES

1 As a result of a merger between Warner Communications and Time, filer received for Warner Communications stock, stock in Time Warner, Preferred Series C & D and BHC Communications, Inc. For tax purposes, the merger was considered a taxable event based on the market value of the stock received.

2 Venture BG is a partnership that holds the land at 3601 Washington Blvd. Balto., Md. The property is leased to B. Green & Co. Filer owns a 2% interest. The evaluation is based on the purchase price established in an option to purchase which the Filer gave to B. Green by an agreement dated Sept. 25, 1989. The assets and liabilities of the partnership are listed on attached sheets.

3 A professional association for the practice of law, Balto., Md., in whic 100% of the stock was owned by Filer prior to dissolution on Dec. 10, 1990.

4 Includes I.R.A.s for Filer nad spouse (combined).

5 A trust established by Grandfather (Benjamin L. Green). Filer is income beneficiary and contingent residuary beneficiary. Assets and transactions are listed on attached sheets.

6 A trust established by Filer on June 29, 1990 for the benefit of spouse during her lifetime with remainder interest to Filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties Partnership. The partnership owns property located at 1300 S. Monroe Street, Balto., Md. and 2330 N Warwick Ave., Balto., Md. (throug a partnership known as Warwick Associates). Both properties are leased to B. Green & Co., Inc. The assets, transactions and liabilities of the partnerships are listed on attached sheets.

7 Income is reflected in the appreciation of assets and was not distribute and will not be distributed until retirement.

8 The evaluation is based on the purchase price of $84,700 on Oct., 1984. Property gifted by Filer and spouse to children on June 15, 1990 at whic time the mortgage from Filer and spouse to children was satisfied and released.

9 The various savings accounts are Sequoia Federal Savings Bank, Balto., Md., Baltimore Federal Financial, and Baybank, Boston, Mass.

10 The evaluation is based on book value of a corporation which is not publically traded.

NOTES CONTINUED

11 Quarterly dividend reinvestment,

12 Changes throughout year caused by deposits and withdrawals including deposits from the maturity of First Federal Michigan CD, Columbia Saving CD, Anne Arundel Co. Bond and Maryland State bond and withdrawals to purchase Columbia Savings CD. Amount of transactions varied from categories B through D.

13 Changes throughout year caused by deposits and withdrawals including withdrawals to purchase the following stock: Browning Ferris Industries, Inc., GTE Corp., Niagara Mohawk Power Co., Rollins Environmental Services, Inc., Scott Paper Co., Unocal Corp. and Varity Corp.

14 A gift from grandfather of common stock. Value at end of year less than $1000 and therefore not listed under assets in Part II.

15 A gift from grandfather of a promissory note.

16 Changes throughout year caused by deposits and withdrawals for purchase of securities and maturity (or sale) of securities listed herein. Amount of transactions varied from categories B through D.

BENJAMIN L. CARDIN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	See NOTE 2 for Liabilities of Venture BG Partnership								
	See NOTE 6 for Liabilities of Green Properties Partnership								

Reporting Individual's Name
BENJAMIN L. CARDIN

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	General Motors & Association of Public Broadcasting	Civil War Documentary Videotapes	$120

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	National Conference of State Legislators	Jan. 5-6 1990	Roundtrip air travel from Balto. to Denver & lodging for one night to give speech	
	Commission on Professional & Hospital Activities	Nov. 29 1990	Roundtrip air travel from Balto. to Chicago to Wash. & lodging for one night to give speech.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

BENJAMIN L. CARDIN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	SEE ATTACHED LIST

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
Jan.,1987 (Retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported in Part I) and the right to participate in health insurance with the employer subsidizing the cost. In addition, I am receiving deferred compensation for income earned during my employment with the State (reported in Part I).

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Benjamin L. Cardin	May 15, 1991

FOR ASSETS THAT ARE INCLUDED IN VENTURE BG PARTNERSHIP NOTE 2

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
BENJAMIN L. CARDIN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	3601 Washington Blvd., Balto., Md.								X			X													X		

FOR LIABILITIES THAT ARE INCLUDED IN VENTURE BG PARTNERSHIP

NOTE 2

BENJAMIN L. CARDI

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Provident National Indemnity c/o Sovran Bank, Richman, Va	Mortgage on 3601 Washington Blvd., Balto., Md.							X

FOR ASSETS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN)

Reporting Individual's Name
BENJAMIN L. CARDIN

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Page 1 of 2
NOTE 5

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	B. Green & Co. Stock, 3601 Wash Blvd., Balto., Md						X			X NOTE 10	X												X				
	First Federal Michigan CD NO LONGER OWNED	X											X							X							
	Columbia Savings Bank CD (Englewood, Co.) NO LONGER OWNED	X											X							X							
	Washington Suburban Sanitation Bonds				X								X							X							X
	Howard Co., Md. Bond			X									X						X								
	University of Maryland Bonds				X								X								X						X
	Maryland Community Dev. Bonds			X									X							X							
	Montgomery Co.,Md. Ride On Bond		X										X						X								
	Baltimore City Bond			X									X							X							
	Maryland Bonds - D.O.T.				X								X								X						
	Smith, Barney Cash Management Account		X								X		X							X	X						X
	Columbia Savings Bank CD (Englewood, Co.) NO LONGER OWNED	X											X								X						
	Baltimore Co., Md. Bonds			X									X							X							X
	National Capitol Park & Planning Bond			X									X						X								X
	Anne Arundel Co., Md. Bonds			X									X						X								X

FOR ASSETS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME Page 2 of 2

NOTE 5

Continuation Sheet (if needed)

Reporting Individual's Name
BENJAMIN L. CARDIN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Seligman Bond Fund			X									X							X							X
	Maryland Health & Higher Ed. Bond		X										X					X									X
	Maryland Tax Free Bond Fund 76				X								X								X						X
	Annapolis, Md. Bond		X										X						X								X
	St. Mary's Co., Md. Bond		X										X					X									X
	Maryland State Bond			X									X					X									X

FOR TRANSACTIONS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN)

NOTE 5

Reporting Individual's Name

BENJAMIN L. CARDIN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Washington Suburban Sanitation Bonds	X			1-30-90 2-6 & 8-90		X					
	University of Maryland Bond	X			4-25-90		X					
	Baltimore Co., Md Bonds	X			2- 2-90 5-10-90		X					
	National Capitol Park & Planning Bond	X			2- 7-90		X					
	Anne Arundel Co., Md. Bonds	X			2-13-90 5-25-90	X						
	Anne Arundel Co., Md. Bond	X			7- 9-90	X						
	Seligman Bond Fund	X			2-23-90		X					
	Maryland Health & Higher Ed. Bond	X			3 -8-90	X						
	Maryland Tax Free Bond Fund 76	X			3-28-90 5-10-90			X				
	Annapolis, Md. Bond	X			7- 2-90	X						
	St. Mary's Co., Md. Bond	X			7-17-90	X						
	Maryland State Bond	X			12-10-90		X					
	Smith, Barney Cash Management Account	X	X		NOTE 16							

FOR ASSETS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

NOTE 6

Reporting Individual's Name

BENJAMIN L. CARDIN

Continuation Sheet (if needed)

	BLOCK A	BLOCK B									BLOCK C																BLOCK D
	Asset and/or Income Source	Valuation of Asset									Income																
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	A one-sixth partnership interest in Green Properties Partnership which assets consist of (1) 1300 S. Monroe Street Balto., Md.								X			X													X		X
	(2) Warwick Associates Partnership which asset consist of 2330 N. Warwick Ave., Balto., Md. (Including equipment)								X			X													X		X

[illegible]

NOTE 6

PART IV—TRANSACTIONS

Reporting Individual's Name
BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock											
	Green Properties Partnership, 3601 Washington Blvd.,	X			10-12-90			X				
	Balto., Md. (a one-sixth partnership interest)	X			7- 2-90	X						
	TRANSACTIONS INVOLVING GREEN PROPERTIES PARTNERSHIP											
	(1) 1300 S. Monroe St., Balto., Md.	X			7- 2-90							X
	(2) Warwick Associates Partnership	X			10-11-90					X		

[illegible]

PART V—LIABILITIES

NOTE 6

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	LIABILITIES INVOLVING GREEN PROPERTIES PARTNERSHIP (1) Provident Bank Of Maryland	Mortgage on 1300 S. Monroe St. Balto., Md.							X
	(2) Bank of Maryland (Towson, Md.)	Mortgage on 2330 N. Warwick Ave. Balto., Md.						X	
	(3) B. Green & Co., Inc. 3601 Wash. Blvd., Balto., Md.	Loans for 1300 S. Monroe St & 2330 N. Warwick Ave.						X	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 59

U.S. [illegible]

HAND DELIVERED

Thomas Richard Carper
(Full Name)

600 West Matson Run Parkway
(Mailing Address)

Wilmington, DE 19802

Filer Status	☒ Member of the U.S. House of Representatives State: Delaware District: At Large	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

mc (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	duPont Company	Spouse salary	N/A	

For additional earned income, use next page

Reporting Individual's Name
Thomas R. Carper

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
N/A			

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Thomas R. Carper

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S. DC. JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Mellon Bank (DE) Money Market Account		X										X						X								
	Wilmington Trust Company Checking and Savings Accountants		X										X						X								
	DuPont Company Thrift Plan					X							X									X					
	DuPont Company Common Stock			X							X										X						
	Jefferson Standard Life Insurance Policy (Cash value)		X								X									X							
	Federal Employees Thrift Plan			X									X							X							

Reporting Individual's Name
Thomas R. Carper

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	N/A											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank of Boston Mortgage Corporation	Mortgage on 220 Mendell Place New Castle, DE		X					
	Marsh Mortgage Company	Mortgage on 110 Sundown Lane Pineville, N.C.		X					
	Wilmington Trust Company	Mortgage on 106 6th Street, S.E. Washington, D.C.				X			

Reporting Individual's Name

Thomas R. Carper

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	N/A		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	DuPont Company	Dec.2,1990	Roundtrip Air from Wilmington, Delaware to Spartensburg, S.C. to attend reception as spouse of Martha Carper, a duPont Co. employee. Mrs. Carper and other duPont Company employees were entitled to bring spouses.	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Thomas R. Carper

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

Thomas R. Carper

DATE (Month, Day, Year)

5/14/91

Reporting Individual's Name

Thomas R. Carper

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	Rental Property:220 Mandell Place New Castle, DE				X							X								X							
	Rental Property: 110 Sundown Lane, Pineville, N.C.				X							X								X							
	Rental Property: 106 6th Street, S.E. Washington, D.C.					X						X						X									
	IRA: Wilmington Trust Company		X										X						X								
	IRA: Wilmington Trust Company		X										X						X								
	State of Delaware Deferred Compensation Program		X										X						X								

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 9:33

HAND DELIVERED

Bob Carr
(Full Name)

2439 Rayburn H.O.B. Washington, DC 20515
(Mailing Address)

Filer Status	☑ Member of the U.S. House of Representatives — State: MI — District: 6	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	See Continuation Sheet.			

For additional earned income, use next page

Reporting Individual's Name

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
See Continuation Sheet			

Reporting Individual's Name
Bob Carr

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			See Continuation Sheet																										

For additional assets and unearned income, use next page

Reporting Individual's Name
BoB Carr

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	See Continuation Sheet																										

Reporting Individual's Name
Bob Carr

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17. NONE ☐		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See Continuation Sheet											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	See Continuation Sheet								

Reporting Individual's Name
Bob Carr

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
See	Con Tinuation Sheet	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See		Continuation	Sheet	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
B Carr

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	See Continuation Sheet

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	See Continuation	Sheet

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/91

GPO: 1991 37-080 (m)

Page 1 of 2

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BOB CARR
Continuation Sheet

Part I - EARNED INCOME, INCLUDING HONORARIA

SOURCE	TYPE	AMOUNT	PAID TO CHARITY
Long Beach Apart Area Traffic Reduction Association, Long Beach , CA (01/16)	Speech	2,000	
National Association of Broadcasters, Palm Springs, CA (02/07)	Speech	2,000	
The Tobacco Institute, La Quinta, CA (01/19)	Speech	2,000	
Phillip Morris, Washington, DC (2/7)	Speech	1,000	
Travel and Tourism Government Affairs Council, Washington, DC (3/1)	Speech	1,000	
Chicago Board of Trade, Chicago, IL (2/5)	Speech	750	
Chicago Mercantile Exchange, Chicago, IL (2/5)	Speech	750	
Waste Management, Inc., Oakbrook, IL (2/5)	Speech	2,000	
Williams and Jensen, Miami, FL (2/27)	Speech	500	
Siemens, Washington, DC (4/20)	Appearance	1,500	
Michigan Roadbuilders, Boyne Mountain, MI (4/10)	Speech	2,000	
Chicago-Northwestern Railroad, Chicago, IL (6/14)	Speech	1,000	
Bell Helicopter, Fort Worth, TX (6/5)	Speech	2,000	
American Trucking Association, Washington, DC	Speech	1,000	
Upjohn, Kalamazoo, MI (8/6)	Speech	2,000	
National Business Aircraft Association, Washington, DC (7/18)	Speech	2,000	
BP America, Cleveland, OH (7/30)	Speech	2,000	
General Aviation Manufacturers Association, Washington, DC (9/13)	Speech	500	
Mastercard International, New York, NY (12/14)	Speech	1,500	
Excess honoraria related reimbursements over honoraria related expenses		596	
Charitable Contributions		1,246	

PARTS II AND III ASSETS AND "UNEARNED" INCOME

BLOCK A	BLOCK B	BLOCK C		BLOCK D
Asset and /or Income Source	Valuation of Asset	Type	Category	Transaction
Apartment in DC House	E	rent	IV	
Prudential Life Insurance	B	dividend	II	
Apple Computer Common Stock	B	dividend	I	X
Gillette Co Common Stock	C	dividend	II	
Houghton Mifflin Co Common Stock	B	dividend	I	
SHL Daily Tax-Free Div Fund	B	dividend	I	X

PART III - TRANSACTIONS

Apple Computer Common Stock	Purchase	08/17/90	B
Gillette Co Common Stock	Sale	07/25/90	C
Gillette Co Common Stock	Purchase	08/21/90	B

PART V - LIABILITIES

Shearson, Lehman, Hutton	margin account	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BOB CARR
Continuation Sheet

PART VI - TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Kemper Open Committee, gifts to Pro-Am Contestants
Tucson Open Committee, gifts to Pro-Am Contestants
Heritage Committee, gifts to Pro-Am Contestants
Colonial Committee, gifts to Pro-Am Contestants
Danny Thompson Memorial Golf Tournament, gifts to Celebrity Participants

PART VII- "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Northern Telecom, 1/8-11, Airfare DCA-TUS, food and 4 night's lodging, Tucson, AZ
National Association of Broadcasters, 1/12-15, Airfare TUS-PSP/LAX-PHL, food and 4 night's lodging, Rancho Mirage, CA
The Tobacco Institute, 1/16-20, food and 4 night's lodging, LA Quinta, CA
Chicago Mercantile Exchange, 1/4-5, Airfare DCA-ORD-DCA, food and one night's lodging, Chicago, IL
Turner Broadcasting Corporation, 2/9-11,Airfare DCA-MIA, food and 2 night's lodging, Miami, FL
RJR Nabisco, 2/15, Railfare PHL-WAS, food and 1 night's lodging, Philadelphia, PA
Gulfstream, 4/7-10, Air transportation DCA-SAV-DCA, food and 2 night's lodging, Hilton Head Is, SC & Savannah, GA
Southwestern Bell Telephone, 5/13, Airfare DCA-DFW, food and 1 night's lodging, Ft. Worth, TX
Bell Helicopter - Textron, 5/14, Airfare DFW-DCA, food
Upjohn, 7/16, Airfare DCA-AZO-DCA, food
BP America, 7/30, Airfare DCA-CLE-DCA, food
Michigan Roadbuilders, 8/9-12, Airfare DCA-TVC-DCA, food and 2 night's lodging

PART VIII - POSITIONS

Director, World Hunger Year (uncompensated)

PART IX - AGREEMENTS

None

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Page 1 of 2

②

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BOB CARR
Continuation Sheet as Amended 6/25/91

Part I - EARNED INCOME, INCLUDING HONORARIA

SOURCE	TYPE	AMOUNT	PAID TO CHARITY
Long Beach Aport Area Traffic Reduction Association, Long Beach, CA (01/16)	Speech	2,000	
National Association of Broadcasters, Palm Springs, CA (02/07)	Speech	2,000	
The Tobacco Institute, La Quinta, CA (01/19)	Speech	2,000	
Phillip Morris, Washington, DC (2/7)	Speech	1,000	
Travel and Tourism Government Affairs Council, Washington, DC (3/1)	Speech	1,000	
Chicago Board of Trade, Chicago, IL (2/5)	Speech	750	
Chicago Mercantile Exchange, Chicago, IL (2/5)	Speech	750	
Waste Management, Inc., Oakbrook, IL (2/5)	Speech	2,000	
Williams and Jensen, Miami, FL (2/27)	Speech	500	
Siemens, Washington, DC (4/20)	Appearance	1,500	
Michigan Roadbuilders, Boyne Mountain, MI (4/10)	Speech	2,000	
Chicago-Northwestern Railroad, Chicago, IL (6/14)	Speech	1,000	
Bell Helicopter, Fort Worth, TX (6/5)	Speech	2,000	
American Trucking Association, Washington, DC	Speech	1,000	
Upjohn, Kalamazoo, MI (8/6)	Speech	2,000	
National Business Aircraft Association, Washington, DC (7/18)	Speech	2,000	
BP America, Cleveland, OH (7/30)	Speech	2,000	
General Aviation Manufacturers Association, Washington, DC (9/13)	Speech	500	
Mastercard International, New York, NY (12/14)	Speech	1,500	
Excess honoraria related reimbursements over honoraria related expenses		596	
Charitable Contributions		1,246	

PARTS II AND III ASSETS AND "UNEARNED" INCOME

BLOCK A	BLOCK B		BLOCK C		BLOCK D
Asset and/or Income Source	Valuation of Asset	Type	Category	Transaction	
Apartment in DC House	E		rent	IV	
Prudential Life Insurance	B		dividend	II	
Apple Computer Common Stock	B		dividend	I	X
Gillette Co Common Stock	C		dividend	II	
Houghton Mifflin Co Common Stock	B		dividend	I	
SHL Daily Tax-Free Div Fund	B		dividend	I	X

PART III - TRANSACTIONS

Apple Computer Common Stock	Purchase	08/17/90	B
Gillette Co Common Stock	Sale	07/25/90	C
Gillette Co Common Stock	Purchase	08/21/90	B

PART V - LIABILITIES

Shearson, Lehman, Hutton	margin account	C

PART VI - TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Kemper Open Committee, Carry-all, Shirt, Sweater, Rain Suit, Crystal minus personal payment valued at less than $200 to Pro-Am Contestants
Tucson Open Committee, Shirt, Golf Balls, Photo, valued at less than $200 to Pro-Am Contestants
Heritage Committee, Travel Cover, Golf Balls, Shirt valued at less than $200 to Pro-Am Contestants
Colonial Committee, Shirt, Golf Balls valued at less than $200 to Pro-Am Contestants
Danny Thompson Memorial Golf Tournament, Shoes, Shirt, Cap, Jacket, & Golf Balls valued at less than $200 to Celebrity Participants

Bob Carr

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BOB CARR
Amended Continuation Sheet

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PART VII- "REIMBURSEMENTS' AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Northern Telecom, 1/8-11, Airfare DCA-TUS, food and 4 night's lodging, Tucson, AZ
National Association of Broadcasters, 1/12-15, Airfare TUS-PSP/LAX-PHL, food and 4 night's lodging, Rancho Mirage, CA
The Tobacco Institute, 1/16-20, food and 4 night's lodging, LA Quinta, CA
Chicago Mercantile Exchange, 1/4-5, Airfare DCA-ORD-DCA, food and one night's lodging, Chicago, IL
Turner Broadcasting Corporation, 2/9-11,Airfare DCA-MIA, food and 2 night's lodging, Miami, FL
RJR Nabisco, 2/15, Railfare PHL-WAS, food and 1 night's lodging, Philadelphia, PA
Gulfstream, 4/7-10, Air transportation DCA-SAV-DCA, food and 2 night's lodging, Hilton Head Is, SC & Savannah, GA
Southwestern Bell Telephone, 5/13, Airfare DCA-DFW, food and 1 night's lodging, Ft. Worth, TX
Bell Helicopter - Textron, 5/14, Airfare DFW-DCA, food
Upjohn, 7/16, Airfare DCA-AZO-DCA, food
BP America, 7/30, Airfare DCA-CLE-DCA, food
Michigan Roadbuilders, 8/9-12, Airfare DCA-TVC-DCA, food and 2 night's lodging
Danny Thompson Memorial Golf Tournament, 8/19-26, Airfare DCA-SUN-DCA, food and 4 night's lodging, Sun Valley, ID

PART VIII - POSITIONS

Director, World Hunger Year (uncompensated)

PART IX - AGREEMENTS

None

ROD CHANDLER

PART I - EARNED INCOME, INCLUDING HONORARIA

Father Martin's Ashley
February 2-4, 1990
Fee: $ 500.00
Received: March 19, 1990

SIT Investment Associates, Inc.
February 17-19, 1990
Honoraria: $ 2,000.00
Received: May 8, 1990

Harris Trust & Savings Bank
February 26, 1990
Honoraria: $ 1,000.00
Received: May 22, 1990

American Society of Association Executives
March 6, 1990
Honoraria: $ 2,000.00
Received: March 15, 1990

American Society of Anesthesiologists
March 6, 1990
Honoraria: $ 2,000.00
Received: March 30, 1990

National Association of Broadcasters
March 31 - April 1, 1990
Honoraria: $ 2,000.00
Received: April 19, 1990

Greater Milwaukee Employee Benefits Council
May 14-15, 1990
Honoraria: $ 2,000.00
Received: July 16, 1990

R. Duffy Wall and Associates
May 21, 1990
Honoraria: $ 1,000.00
Received: May 21, 1990

International Credit Union Association
May 30, 1990
Honoraria: $ 2,000.00
Received: May 31, 1990
Disposition: $ 100.00 - St. Peter's Church (Natalie Payne)
$ 200.00 - Duck's Unlimited
$ 100.00 - Auburn Rotary

Securities Industries Association
June 5, 1990
Honoraria: $ 2,000.00
Received: June 12, 1990

Columbia Institute
June 10-11, 1990
Honoraria: $ 1,000.00
Received: August 24, 1990

Greater New York Hospital Associates Services
June 29-30, 1990
Honoraria: $ 2,000.00
Received: July 23, 1990
Disposition: $ 2,000.00 - Paid directly to Enter Act Theatre

Management Association For Private Photogrammetric Surveyors
July 9, 1990
Honoraria: $ 1,000.00
Received: September 11, 1990

Pacific Mutual (Life Insurance Company)
August 5-6, 1990
Honoraria: $ 2,000.00
Received: August 6, 1990

International Society Certified Employee Benefits Specialists
September 6-7, 1990
Honoraria: $ 1,000.00
Received: September 7, 1990

National Association of Life Underwriters
September 10, 1990
Honoraria: $ 2,000.00
Received: October 24, 1990
Disposition: $ 1,000.00 - Oregon State University
$ 500.00 - American Cancer Society
$ 500.00 - Combined Federal Campaign/United Way of King County

National Technical Services Association
September 15, 1990
Honoraria: $ 1,000.00
Received: October 10, 1990

Blue Cross and Blue Shield
September 18, 1990
Honoraria: $ 2,000.00
Received: September 27, 1990

ROD CHANDLER

Washington (State) Medical Political Action Committee
September 22, 1990
Honoraria: $ 1,000.00
Received: October 16, 1990

Real Estate Tax Institute
October 2, 1990
Honoraria: $ 1,000.00
Received: October 19, 1990

Capitol Forum
October 16, 1990
Honoraria: $ 500.00
Received: October 16, 1990

Washington Tax Seminars
October 17, 1990
Honoraria: $ 1,000.00
Received: October 17, 1990
Dispostion: $ 1,000.00 - Nichols Education Fund

The Washington Tax Association
October 17, 1990
Honoraria: $ 1,000.00
Received: November 15, 1990
Dispostion: $ 1,000.00 - Children's Home Society (WA State)

National Council of Community Hospitals
November 11-21, 1990
Honoraria: $ 2,000.00
Received: December 12, 1990
Disposition: $ 1,000.00 - American Red Cross (Flood Relief for Washington State)
$ 600.00 - Alcoholics Anonymous General Service Fund
$ 150.00 - Old Fashioned Beginners

Chicago Mercantile Exchange/Chicago Board of Trade
November 28-29, 1990
Honoraria: $ 750.00 from Chicago Mercantile Exchange
$ 750.00 from Chicago Board of Trade
Received: December 4, 1990
Disposition: $ 1,000.00 - University of Washington President's Fund for Excellence
$ 500.00 - The Seattle Opera

ROD CHANDLER

TOTAL HONORARIA RECEIVED:	$ 36,500.00
CHARITABLE CONTRIBUTIONS:	$ 9,650.00
HONORARIA KEPT:	$ 26,850.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10:06
U.S. HOUSE OF REPRESENTATIVES

ROD CHANDLER
(Full Name)

223 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(Mailing Address)

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Filer Status	☒ Member of the U.S. House of Representatives	State: WASHINGTON District: EIGHTH	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

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In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SEE ATTACHED LIST			

For additional earned income, use next page

Reporting Individual's Name
ROD CHANDLER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	SEE ATTACHED LIST																												

For additional assets and unearned income, use next page

ROD CHANDLER

PARTS II and III - ASSETS AND "UNEARNED" INCOME

SOURCE of INCOME: **Alki Associates**
VALUE of INCOME: Category C
TYPE of INCOME: Dividends
AMOUNT of INCOME: Category IV

SOURCE of INCOME: **Juanita Office Associates**
VALUE of INCOME: Category C
TYPE of INCOME: None
AMOUNT of INCOME: None

SOURCE of INCOME: **Plaza Hotel**
VALUE of INCOME: Category C
TYPE of INCOME: None
AMOUNT of INCOME: None

SOURCE of INCOME: **Murphy Favre (Sep IRA)**
VALUE of INCOME: Category C
TYPE of INCOME: Dividends and Interest
AMOUNT of INCOME: Category C

SOURCE of INCOME: **Wright Patman Congressional Federal Credit Union**
VALUE of INCOME: Category B
TYPE of INCOME: Interest
AMOUNT of INCOME: Category II

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD AND ENTERTAINMENT

Austrailian Meat and Livestock Board
January 11-20, 1990
Airfare for self: Seattle - LA - Australia - DC ($7,571.00)
Airfare for spouse: DC - LA - Australia - DC ($7,496.00)
Seven* nights lodging, meals and transportation
(a waiver was received from the Committee allowing the seventh days lodging costs to be covered by the AMLB)

Father Martin's Ashley
February 2-4, 1990
Roundtrip airfare for self and spouse: DC - Melbourne FL - DC
Two night's lodging, meals, and transportation

SIT Investment Associates, Inc.
February 17-19, 1990
Airfare for self and spouse: Seattle - Palm Springs - DC
Two night's lodging, meals, and transportation

1990 GOP Issues Conference at Princeton
February 22-24, 1990
Roundtrip train transportation for self and spouse:
DC - Princeton - DC
Two night's lodging and meals

Harris Trust & Savings Bank
February 26, 1990
Roundtrip airfare for self: DC - Ft. Myers - DC
meals and transportation

National Association of Broadcasters
March 31 - April 1, 1990
Roundtrip airfare for self and spouse: DC - Atlanta - DC
One night's lodging, meals and transportation

Greater Milwaukee Employee Benefits Council
May 14-15, 1990
Airfare for self: Seattle - Milwaukee - DC
One night's lodging, meals and transportation

R. Duffy Wall and Associates
May 21, 1990
Transportation from Capitol Hill to downtown DC and back

ROD CHANDLER

Columbia Institute
June 10-11, 1990
Airfare for self: Seattle - Houston - DC
One night's lodging, meals and transportation

Greater New York Hospital Associates Services
June 29-30, 1990
Airfare for self: DC - NY - Seattle
One night's lodging, meals and transportation

Pacific Mutual (Life Insurance Company)
August 5-6, 1990
Roundtrip airfare for self: DC - Orange County - Seattle
One night's lodging, meals and transportation

Civil Air Patrol
August 9-10, 1990
Roundtrip travel for self and spouse: Seattle - Reno - Seattle
One night's lodging, meals and transportation

Western Pension and Benefits Conference
August 12-13, 1990
Roundtrip travel for self and spouse:
Seattle - Vancouver, BC - Seattle
One night's lodging, meals and transportation

International Society Certified Employee Benefits Specialists
September 6-7, 1990
Roundtrip travel for self and spouse:
Seattle - Dallas/Ft Worth - Seattle
One night's lodging, meals and transportation

Blue Cross and Blue Shield
September 18, 1990
Transportation from Capitol Hill to downtown hotel and back

Washington (State) Medical Political Action Committee
September 22, 1990
Roundtrip travel for self and spouse: Seattle - Spokane - Seattle

Washington Tax Seminars
October 17, 1990
Transportation from Capitol Hill to restaurant and back

National Council of Community Hospitals
November 11-21, 1990
Reimbursement for mileage: Seattle - Santa Barbara - Seattle
Four night's lodging and meals (additional days at own expense)

ROD CHANDLER

Chicago Mercantile Exchange/Chicago Board of Trade
November 28-29, 1990
One way airfare for self: Seattle - Chicago - DC
One night's lodging, meals and transportation

PART VIII - POSITIONS

Alki Associates
Seattle, Washington
Position: General Partner

Father Martin's Ashley
Havre de Grace, Maryland
Position: Member, Board of Directors

Juanita Office Associates
Kirkland, Washington
Position: Limited Partner

Plaza Hotel
Seattle, Washington
Position: Limited Partner

United States Capitol Historical Society
Washington, DC
Position: Member, Executive Committee

Reporting Individual's Name
ROD CHANDLER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
ROD CHANDLER

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED LIST				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROD CHANDLER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
	SEE ATTACHED LIST

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Rod Chandler	DATE (Month, Day, Year) MAY 15, 1991

GPO 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Tim Chapman
(Full Name)
236 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State Texas, District 1st	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (9)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	LTV (1-18-90)	Honorarium	$2,000.00	
	Keystone Energy Futures Project (4-4-90)	Honorarium	$500.00	
	Northrop (2-22-90)	Honorarium	$2,000.00	
	The Tobacco Institute (1-20-90)	Honorarium	$2,000.00	
	Sunkists Growers, Inc. (1-20-90)	Honorarium	$1,000.00	
	FLOUR Daniel Inc. (2-22-90)	Honorarium	$1,000.00	
	Chicago Mercantile Exchange (2-6-90)	Honorarium	$750.00	
	Chicago Board of Trade (2-6-90)	Honorarium	$750.00	
	Waste Managment, INC (2-6-90)	Honorarium	$2,000.00	
	Williams + Jensen (2-26-90)	Honorarium	$500.00	

For additional earned income, use next page (continued on next page...)

Reporting Individual's Name
Jim Chapman

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
International Industrial Symposium on the Super Collider (4-26-90)	Honorarium	$ 2,000.00	
American Medical Association (4-20-90)	Honorarium	$ 1,000.00	
Enron Oil and Gas Association (3-28-90)	Honorarium	$ 1,000.00	
Northeast Texas Electric Cooperative, Inc. (4-3-90)	Honorarium	$ 2,000.00	
International Council of Shopping Centers (4-3-90)	Honorarium	$ 2,000.00	
Comptel (Competitive Telecommunications Assn) (4-20-90)	Honorarium	$ 1,000.00	
Frito-Lay, Inc (4-20-90)	Honorarium	$ 1,000.00	
Atlantic Richfield Co. - ARCO (4-30-90)	Honorarium	$ 2,000.00	
Bell Helicopter - TEXTRON (6-8-90)	Honorarium	$ 2,000.00	
KMS Fusion (6-19-90)	Honorarium	$ 1,000.00	X
Consolidated Natural Gas Service Co, Inc (6-29-90)	Honorarium	$ 2,000.00	X
Matthew Thornton Society (7-25-90)	Honorarium	$ 1,000.00	X
Kerr-McGee (11-16-90)	Honorarium	$ 1,000.00	X
The Pipeline Dinner Group (11-13-90)	Honorarium	$ 1,000.00	X
Interstate Natural Gas Assn of America (10-9-90)	Honorarium	$ 1,000.00	X
The Washington Caucus (10-26-90)	Honorarium	$ 500.00	X
Domestic Petroleum Council (12-17-90)	Honorarium	$ 2,000.00	X

Reporting Individual's Name

Jim Chapman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Mobil Oil Corporation		X														Royalty			X							
	Exxon Corporation		X														Royalty		X								
	Sun Oil Corporation	X															Royalty		X								
	Freeport McMoRan		X														Royalty		X								
	Prudential Securities			X									X							X							X
	Callon Consolidated Partners LP		X								X							X									

For additional assets and unearned income, use next page (continued on next page...)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME -page 2

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Chapman

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Keokuk Hospital Bonds		X										X								X						
	Sunshine Mining (stock)		X								X							X									
	Office Building, Church St., Sulphur Springs TX			X								X									X						
	House, Church St., Sulphur Springs, Texas				X							X										X					
	Office Building, College St. Sulphur Springs, Texas			X								X										X					
	Office Building, Jefferson St, Sulphur Springs TX			X								X									X						
	(transfer of asset pursuant to contract) Unimproved Property, 10ac, Hopkins County, TX		X														NONE										
	Note Receivable - Kanaman			X										X						X							
	Note Receivable - Collins		X											X						X							
	Note Receivable - Boland		X											X						X							
	Bank Texas (stock)		X								X							X									
	Texaco (stock)		X								X								X								
	Texas Energy (stock)		X								X							X									
	Consolidated Capital (Partnership)		X									X			X				X								
S	Teacher Retirement System of Texas		X														employee retirement - spouse - none										

(continued on next page...)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME - page 3

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Chapman

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I [✓ none] (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Trust:																	X									
	First American Bank, Sulphur Springs Texas			X									X					X									
	Merrill Lynch			X									X					X									
	Putnam Money Market			X									X					X									
	House, West Oak Circle, Sulphur Springs, Texas			X													N/A	N/A X									
	Prudential Bache			X									X					X									
	Unimproved Real Estate, Hopkins County, Texas			X								X						X									
	House, McLean, Virginia			X								X						X									
	US Homes (note)		X										X					X									
	Western Finance Co. (note)		X										X					X									
	Various Oil Royalties		X														Royalty	X									
	Prudential Bache Partnership		X									X	X	X				X									
	Various Common Stock	X									X							X									

Reporting Individual's Name
Jim Chapman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Chapman, Price, Hughes and Bauer (disillusion of interest in law firm)	—	—		12-31-90	—	—	—	—	—	—	—
	Prudential Securities	X			1-1-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First American Bank, Sulphur Springs, Texas	mortgage on Building, Sulphur Springs, Texas		X					
	Joe W. Chapman, Jr., Sulphur Springs, Texas	mortgage on Building, Sulphur Springs, Texas	X						
	City National Bank, Sulphur Springs, Texas	mortgage on Building, Sulphur Springs, Texas		X					

Reporting Individual's Name
Jim Chapman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Tobacco Institute	golf equipment	$110.—
Kemper Group	golf equipment	$190
Danny Thompson Memorial Foundation	golf equipment	$170

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Keystone Energy Futures Project		Jan 15-17, 1990	Roundtrip Airtravel from Wash DC to Indian Wells, 2days food + lodging,	
The Tobacco Institute		Jan 17-21, 1990	3days food + lodging, self + spouse. Roundtrip Airtravel from Wash DC to Palm Springs - spouse	
Chicago Mercantile Exchange		Feb 4-5 1990	Roundtrip Airtravel from Wash DC to Chicago, 1day food + lodging,	
Turner TBS Management Co.		Feb 9-11, 1990	Roundtrip Airtravel from Wash DC to Atlanta, ground transportation, 2days food + lodging	
(continued on next page...)				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII— REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Pag 2

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Jim Chapman

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
International Industrial Symposium on the Super Collider		Mar 14-16, 1990	Air travel from Wash DC to Naples, 2 days food + lodging	
American Medical Association		Mar 16-17, 1990	Air travel from Ft Myers to Wash DC, 1 day food + lodging	
Keystone Conference		Mar 22-25, 1990	Air travel from Wash DC to Denver to Houston, 2 days food + lodging	
Southwestern Bell Corporation		Mar 25-26 1990	Air travel from Houston to Wash DC, 1 day food + lodging	
Electronics Industry Association		Ap 9-12 1990	Roundtrip Air travel from Wash DC. to Ft Myers, 3 days food + lodging self + spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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KMS fusion	June 15, 1990	Roundtrip Air travel from Wash DC to Detroit, self and [illegible]	
Danny Thompson Memorial Foundation	Aug. 21-26, 1990	Roundtrip airtravel from Wash. DC to Sun Valley, 4 days food + lodging self + spouse (air travel reimbursed Feb 1991)	
Domestic Petroleum Council	Nov. 28-29, 1990	Roundtrip air travel from Wash DC to Houston, 1 Night food + lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Financial Disclosure A-4

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Financial Disclosure A-4

Reporting Individual's Name
Jim Chapman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calender year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jim Chapman	DATE (Month, Day, Year) May 15, 1991

GPO 1991 [illegible]-508 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
1991 MAY -9 AM 7:55

Congressman William Clay
(Full Name)

2470 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Missouri District: First ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

INSIDE MAIL

mc (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Tobacco Institute	Speech	$2,000.00	
	National Association of Postmasters U.S.	Speech	1,000.00	
	Industrial Union Department AFL-CIO	Speech	1,000.00	
	Boiler Makers Union AFL-CIO	Speech	1,000.00	
	Poidatriets of America	Speech	2,000.00	
	Direct Marketing Association	Speech	2,000.00	
	Teamsters Midwest Conference	Speech	2,000.00	
	National Association of Police Offercers	Speech	1,000.00	
	National Grocers Association	Speech	1,000.00	
	Service Employees International Union	Speech	1,000.00	

For additional earned income, use next page

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Page 2 of 2 (Honoraria)

Reporting Individual's Name
William L. Clay

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
National Education Association	Speech	$2,000.00	
Continental National Assurance	Speech	2,000.00	
American Postal Workers Union	Speech	2,000.00	
Virginia State AFL-CIO	Speech	1,000.00	
National Association Postal Supervisors	Speech	1,000.00	
Mailers Council	Speech	2,000.00	
International Union Of Electrical Workers	Speech	2,000.00	
United Paper Workers Union	Speech	1,000.00	
Total	Speeches	$27,000.00	

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Reporting Individual's Name
William L. Clay

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	Examples: George Wash. Credit Union Accounts			X									X								X						
	Examples: 192 Main Street, Dover, Delaware				X							X								X							
	Certificate of Dep.-Federal Credit Un.		X										X						X								
	Certificate of Dep.-Federal Credit Un.		X										X						X								
	Savings Account- Federal Credit Un.			X									X								X						

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

William L. Clay

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	American Express		X								X																
	Anheuser Busch			X							X																
	At & T		X								X																
	Jones Medical Ind.		X								X																
	I.C. Whitman Corp.		X								X																
	Institution Mid -American		X								X																
	Unum		X								X																
	Xerox		X								X																
	Schwartz Brothers		X								X																
	SCS Computer Inc.		X								X																
	Syms Corp		X								X																
	Golden Isles LTD			X										X													
	State of N.Y. Mortgage Agency		X										X														
	Dormitory Authority N.Y.		X										X														

3 Of 4

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William L. Clay

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Missouri State Housing		X										X						X								
	Missouri Health & Education			X									X							X							
	Missouri Health & Education		X										X						X								
	Missouri State Third Building		X										X						X								
	Missouri State Housing		X										X						X								
	Missouri State Housing		X										X						X								
	Missouri State Housing		X										X						X								
	Mississippi Highway General		X										X						X								
	IMIT		X										X						X								
	IMIT		X										X						X								
	IMIT		X										X						X								
	Missouri PCR Assoc. Electric		X										X						X								
	S.E. Missouri Correctional		X										X						X								

Financial Disclosure A-2(a)

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Reporting Individual's Name
William L. Clay

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Certificate of Deposit Pulaski Savings		X										X						X								
	Certificate of Deposit Sandy Springs		X										X						X								
	Certificate of deposit - Cong. Federal Credit Union			X									X								X						
	Certificate of deposit - Cong. Federal Credit Union		X										X						X								
	Certificate of deposit - Cong. Federal Credit Union		X										X						X								
	Certificate of Dep. Cong. Fed. Cred Un.		X										X						X								

For additional assets and unearned income, use next page

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Reporting Individual's Name
William L. Clay

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	State Housing Development Commission		X		6/10/90	X						
	State Housing Development Commission		X		7/13/90	X						
	State Housing Development Commission	X			7/13/90	X						
	Certificate of Deposit - Sandy Spring Bank		X			X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
William L. Clay

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source [redacted]		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
L.A. Marathon Corporation		Oct.- 90	Roundtrip air travel DC to NY - 2days- food, lodging- Self & Spouse	
L.A. Marathon Corporation		March 1-3,90	Roundtrip air travel DC to LA - 2days - food, lodging Self & Spouse	
Podiatrists of America				
Tobacco Institute				
Teamsters Midwest				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William L. Clay

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

	Source [redacted]	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	Continental National Assurance	6/90	Roundtrip air DC to Chicago - 2 days - Food & Lodging	
	Virginia State - AFL-CIO		Roundtrip air - no lodging	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

William L. Clay

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Congressional Black Caucus Foundation
Trustee	Benedict College
Trustee	Tougaloo College

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William L. Clay

DATE (Month, Day, Year) 5-9-91

GPO: 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 22 AM 7:39
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congressman William L. Clay
(Full Name)

2470 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: Missouri District: First	☐ Officer or Employee — Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

✓

MC INSIDE MAIL
(Office Use Only)

10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honora a, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well is payments made or directed to charity in lieu of honoraria. (A separate con-fidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)		Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)		Article	$600	X
	ABC Corporation		Director's Fee	$5,000	
	Fairfax County Board of Education		Spouse Salary	NA	
	Tobacco Institute-Palm Spring, CA.	1/19/90	Speech	$2,000.00	
	National Association of Postmasters,US- Wash, DC	2/21/90	Speech	1,000.00	
	Industrial Union Dept. AFL-CIO - Wash, DC	3/1/90	Speech	1,000.00	
	Boiler Makers Union-AFL-CIO - Wash, DC	3/19/90	Speech	1,000.00	
	Poidatriets of America-Chicago, Ill.	3/31/90	Speech	2,000.00	
	Direct Marketing Assn. --Wash, DC	5/3/90	Speech	2,000.00	
	Teamsters Midwest Conference -St. Louis, Mo.	5/7/90	Speech	2,000.00	
	National Assn. of Police Officers - Wash, DC	6/4/90	Speech	1,000.00	
	National Grocers Assn. - Wash, DC.	6/20/90	Speech	1,000.00	
	Service Employees Intern'l Union -Branscom, Mo.	2/27/90	Speech	1,000.00	

For additional earned income, use next page

Page 2 of 2 (Honoraria)

Reporting Individual's Name
William L. Clay

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (If needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
National Education Assn. --Kansas City, Mo. 6/29/90	Speech	$2,000.00	
Continenral National Assurance -Chicago, Ill. 7/11/90	Speech	2,000.00	
American Postal Workers Union -Las Vegas, NV. 7/29/90	Speech	2,000.00	
Virginia State AFL-CIO -Norfolk, Va. 8/18/90	Speech	1,000.00	
National Assn. Postal Supervisors-Wash, DC 8/17/90	Speech	1,000.00	
Mailers Council --Wash. DC 9/13/90	Speech	2,000.00	
International Union of Electrical Wks.-Detroit, Mi. 9/16/90	Speech	1,850.00	$150.00 (x)
United Paper Workers Union -Wash, DC 9/24/90	Speech	1,000.00	
Total	Speeches	$26,850.00	$150.00 (x)

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Reporting Individual's Name

William L. Clay

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Certificate of Dep.-Federal Credit Un.		X										X						X								
	Certificate of Dep.Federal Credit Un.		X										X						X								
	Savings Account-Federal Credit Un.			X									X								X						

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William L. Clay

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	American Express		X								X							X									
	Anheuser Busch			X							X								X								
	AT&T		X								X							X									
	Jones, Medical Ind.		X								X							X									
	I.C. Whitman Corp.		X								X								X								
	Institution Mid-American		X								X							X									
	Unum		X								X							X									
	Xerox		X								X							X									
	Schwarts Brothers		X								X							X									
	SCS Computer Inc.		X								X							X									
	Syms Corp.		X								X							X									
	Golden Isles Ltd			X										X				X									
	State of N.Y. Mortgage Agency	X											X						X								
	Dormitory Authority, N.Y.		X										X						X								

3 of 4

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William L. Clay

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Missouri State Housing		X										X						X								
	Missouri Health & Education			X									X							X							
	Missouri Health & Education		X										X						X								
	Missouri State Third Building		X										X						X								
	Missouri State Housing		X										X						X								
	Missouri State Housing		X										X						X								
	Missouri State Housing		X										X						X								
	Mississippi Highway General		X										X						X								
	IMIT		X										X						X								
	IMIT		X										X						X								
	Missouri PCR Assoc. Electric		X										X						X								
	S.E. Missouri Correctional		X										X						X								

Reporting Individual's Name
William L. Clay

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Certificate of Deposit Cong. Federal Credit Union		X										X						X								
	Certificate of Deposit Pulaski Savings		X										X						X								
	Certificate of Deposit Cong. Federal Credit Union		X										X						X								
	Certificate of Deposit Sandy Springs Bank		X										X						X								
	Certificate of Deposit Cong. Federal Credit Union		X										X						X								
	Certificate of Deposit Cong. Federal Credit Union			X									X								X						

For additional assets and unearned income, use next page

Reporting Individual's Name
William L. Clay

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	State Housing Development Commission		X		6/10/90	X						
	State Housing Development Commission		X		7/13/90	X						
	State Housing Development Commission	X			7/13/90	X						
	Certificate of Deposit-Sandy Springs		X		6/12/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE	NONE							

Reporting Individual's Name
William L. Clay

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	NONE	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source 1 Of 2	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
LA Marathon Corporation	Oct.4-5-90	Roundtrip airfare,DC to N.Y.- 2 days,food,lodging- Self & spouse	
LA. Marathon Corporation	Mar.1-3-90	Roundtrip airfare DC to LA, 2 days, food, lodging, self& Spouse	
Podiatrists of America	3-31-90	Self - airfare, food, lodging	
Tobacco Institute	1-17-18 1-19-90	Self & Spouse Roundtrip airfare DC to Palm Spring, 3 days, food,lodging	
Continenral Nat'l Assurance	7-11-90	Self - airfare, DC to Chicago,Ill. 1 day, food,lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source 2 Of 2		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Postal Wks, Union		7/28/29/90	Self-Roundtrip arifare,DC to Las Vegas-2 days, food,lodging	
Virginia State AFL-CIO, Norfolk,Va		8/18/90	Self, Airfare, food, lodging - 1 day	
International Union Elect., Wks.		9/16/90	Self, Airfare, food, lodging - 1 day	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

William L. Clay

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Congressional Black Caucus Foundation
Trustee	Benedict College
Trustee	Tougaloo College

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	NONE	NONE

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL William L Clay

DATE (Month, Day, Year) 5-21-1991

GPO 1981 37-588 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 4:21

[illegible]

ROBERT (BOB) N. CLEMENT
(Full Name)

325 CANNON HOB
WASHINGTON, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: TN District: 5	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

HAND DELIVER

MC (Office Use Only) ⑪

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	NME HOSPITALS, INC	DIRECTOR'S FEE	$2,400	
	FAIRFAX COUNTY PUBLIC SCHOOLS	SPOUSE SALARY	$ 895	
	US TOBACCO COMPANY 5/11/90	HONORARIUM	$2,000	
	SMOKELESS TOBACCO COUNCIL, INC 5/17/90	HONORARIUM	$1,000	
	AMERICAN TRUCKING ASSN, INC 12/18/90	HONORARIUM	$1,000	

For additional earned income, use next page

Reporting Individual's Name

ROBERT (BOB) N. CLEMENT

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			NOTE RECEIVABLE, GREG MORTON			X									X								X						
			DICKSON FINANCIAL CORP STOCK DICKSON, TN		X								X								X								
			COUNTY OF LINCOLN BONDS LINCOLN CO, TN		X										X						X								
			INDUSTRIAL DEV BOARD BONDS CITY OF FRANKLIN, TN		X										X						X								
			25 ACRES FARM LAND WILSON CO, TN				X							NONE						X									
			RENTED PERSONAL RESIDENCE 4420 BROOKFIELD, NASHVILLE, TN					X						X											X				

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	FRANKLIN NAT'L BANK STOCK, FRANKLIN, TN		X									NONE						X									
	CHARTER EQUITIES, PO BOX 831 MURFREESBORO, TN, REAL ESTATE SYNDICATION BUS, 1/3 PARTNERSHIP INTEREST	X												X									X				
	NORMANDY CHATEAU, RESIDENTIAL RENTAL APTS, 1506 HIGHLAND DR, KNOXVILLE, TN, 6.6% PARTNERSHIP INTEREST			X								X						X	NET				X	GROSS			
	RIDGEVIEW APTS, RESIDENTIAL RENTAL, ROUTE 2, JEFFERSON CITY			X								X						X	NET				X	GROSS			
	TN, 25% PARTNERSHIP INTEREST												X								X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

ROBERT (BOB) N. CLEMENT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	DECATUR PROPERTIES, LTD RESIDENTIAL APTS, PARSONS, TN, 5% PARTNERSHIP INTEREST	X		(DISPOSED OF INT PRIOR TO 12/31/90)								X						X	NET		X	GROSS					X
	ROBINSON PROPERTY II, 23 ACRES LOCATED ON PELLISSIPPI PKWY, KNOXVILLE, TN 7% PARTNERSHIP INTEREST				X								NONE					X									
	RSC INV REAL ESTATE HOLDINGS, HWY 46, DICKSON, TN, 9% PARTNERSHIP INTEREST			X										X							X						
	FORREST HILLS DEVELOPMENT, REAL ESTATE HELD FOR INV, HWY 70,		X									X						X									
	DICKSON, TN 6 2/3% PARTNERSHIP INTEREST																BUSINESS INCOME		X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	MAYBELLE G CLEMENT INVESTMENTS DICKSON TN 1/9 PARTNERSHIP INT			X									X					X									
	CROSS PLAINS PARTNERSHIP, 6.7% INT IN 11 ACRES OF REAL ESTATE CROSS PLAINS, TN		X										NONE					X									
	COMMERCIAL RENTAL BLDG, TRANSOUTH JACKSBORO PK, LAFOLLETTE, TN 1/3 INTEREST			X								X							X								X
	COMMERCIAL RENTAL BLDG, TRANSOUTH 505 BROAD ST, ELIZABETHTON, TN 1/2 INTEREST			X								X								X							
	DICKSON COUNTY FARM, 230 ACRES DICKSON CO, TN 1/3 INTEREST				X												SALE OF TIMBER						X				

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	LDDS COMMUNICATIONS STOCK			X										X									X				X
	TEACHERS INS & ANNUITY ASSN COLLEGE RETIREMENT FUND:REGULAR																										
	REGULAR			X									X							X							
	SUPPLEMENTAL			X									X							X							
	STATE OF TN RETIREMENT			X									X							X							
	FIRST AMERICAN SAVINGS, NASHVILLE		X										X						X								
	DOMINION BANK, ALEXANDRIA VA		X										X					X									
	IRA'S:																										
	TN TEACHERS CREDIT UNION		X										X						X								
	PEOPLES BANK, LEBANON, TN		X										X						X								
	JC BRADFORD & CO., : BANK OF NASHVILLE STOCK		X											NONE				X									

Financial Disclosure A-2(a)

PART VIII - POSITIONS (continued)

PARTNER	NORMANDY CHATEAU
PARTNER	RIDGEVIEW APARTMENTS
PARTNER	RSC INVESTMENTS
PARTNER	DECATUR PROPERTIES
PARTNER	FORREST HILLS DEVELOPMENT
PARTNER	MAYBELLE G. CLEMENT INVESTMENTS
PARTNER	CROSS PLAINS PARTNERSHIP
BOARD MEMBER	BOARD OF TRUST, CUMBERLAND UNIVERSITY

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	IRA'S: (CONTINUED)																										
	MERRILL LYNCH:																										
	NAT'L MEDICAL STOCK		X								X								X								
	MORGAN STANLEY		X								X								X								
	CORRECTION CORP OF AMERICA STOCK		X										NONE					X									
	DOLLAR GENERAL STOCK		X								X							X									
	ENGRAPH STOCK		X								X							X									
	EATON VANCE PRIME RATE		X								X								X								
	MERRILL LYNCH RETIREMENT RESERVE	X									X							X									
	WILSON BANK & TRUST		X										NONE					X									
S	MERRILL LYNCH:																										
	ENGRAPH		X								X							X									
	MERRIL LYNCH RETIREMENT RESERVE	X									X							X									
	PRUDENTIAL BACHE SECURITIES		X								X								X								

PARTNERSHIP
DISTRIBUTION X

Financial Disclosure A-2(a)

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	LDDS COMMUNICATIONS STOCK		X		9/17/90		X					
	COMMERCIAL RENTAL PROPERTY, TRANSOUTH, LAFOLLETTE, TN		X		9/25/90		X					

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	CITY FED MORTGAGE CO, SPRINGFIELD OHIO	MORTGAGE ON RENTAL RESIDENCE NASHVILLE, TN			X				
	FIRST AMERICAN NAT'L BANK, NASHVILLE, TN	HOME EQUITY LOAN ON RENTED RESIDENCE		X					
	FEDERAL LAND BANK, LOUISVILLE, KY	MORTGAGE ON 25 ACRE FARM, WILSON CO, TN		X					

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
GENERAL MOTORS	SET OF CIVIL WAR VIDEOTAPES PRODUCED BY PUBLIC BROADCASTING	$189
DR. WILLIAM R. FOWLER	VIOLIN GIVEN TO 9 YEAR OLD DAUGHTER, ELIZABETH.	$600
	ELIZABETH IS IN HER 3RD YEAR OF VIOLIN LESSONS AND DR. FOWLER, KNOWING OF HER INTEREST IN MUSIC/VIOLIN, WANTED HER TO HAVE HIS VIOLIN. IT HAS BEEN IN THE FAMILY FOR SEVERAL YEARS AND WANTED SOMEONE TO HAVE IT WHO WOULD APPRECIATE IT AND CARE FOR THIS FAMILY TREASURE.	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
US TOBACCO COMPANY	Jan 5-7 1990	Roundtrip air from DC to Boca Raton, Fla; 2 nights lodging, 3 days meals, self & spouse;participate charity event	
US Tobacco Company	May 11-13 1990	Roundtrip air from DC to Palm Beach, Fla; 2 nights lodging, 3 days meals, self & spouse/participate leg seminar	
Chinese Nat'l Assoc Industry and Commerce	Aug 5-11 1990	roundtrip air DC-Taiwan;6 nights lodging, 7 days meals; self and spouse;fact finding trip	
British Petroleum Exploration	8/14/90	Roundtrip air from Anchorage-Prudhoe Bay, Alaska/Alaska Nat'l Wildlife Reserve and meals one day, spouse and self/fact finding	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

ART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
DIRECTOR	UNIVERSITY MEDICAL CENTER (NME HOSPITALS, INC)
PARTNER	ROBINSON PROPERTY, II, LTD
PARTNER	CHARTER EQUITIES

ART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

ate	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
B Clement	MAY 15, 1991

GPO: 1991 37-088

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

WILLIAM FLOYD CLINGER, JR.
(Full Name)
ROOM 2160 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)
WASHINGTON, D.C. 20515

Filer Status ☒ Member of the U.S. House of Representatives State: PENNSYLVANIA District: 23RD ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

91 MAY 15 PM 3:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	PORTLAND CEMENT ASSOCIATION (February 9, 1990)	SPEECH	$1,000	X
	THE BROOKINGS INSTITUTION (March 7, 1990)	SPEECH	$400	
	THE BROOKINGS INSTITUTION (March 22, 1990)	SPEECH	$400	
	AIRPORT OPERATORS COUNCIL INTERNATIONAL/ AM. ASSOCIATION OF AIRPORT EXECUTIVES (April 20, 1990)	SPEECH	$1,000	X
	U.S. TELEPHONE ASSOCIATION (May 29, 1990)	SPEECH	$1,000	X
	REGIONAL RAILROADS OF AMERICA (June 19, 1990)	SPEECH	$1,000	X
	AM. ROAD & TRANSPORTATION BUILDERS ASSOC. (June 11, 1990)	SPEECH	$1,500	X ($900)
	BETHLEHEM STEEL (June 18, 1990)	SPEECH	$500	X

For additional earned income, use next page

Reporting Individual's Name

WILLIAM FLOYD CLINGER, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	ALLIANCE FUND			X							X								X								
	AMERICAN ELECTRIC POWER		X								X							X									
	AMERICAN TELEPHONE AND TELEGRAPH		X								X							X									
S	AMERICAN TELEPHONE AND TELEGRAPH			X							X									X							
S	AMERITECH		X								X								X								
S	BELL ATLANTIC		X								X									X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

WILLIAM FLOYD CLINGER, JR.

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	BELL SOUTH		X								X									X							
	BELL SOUTH		X								X							X									
	BLAIR CORPORATION					X					X											X					
S	BLAIR CORPORATION						X				X												X				
S	BORDEN, INC.		X								X										X						
S	BRISTOL-MYERS SQUIBB			X							X											X					
	CBS, INC.		X								X							X									
	CHASE MANHATTAN, INC.		X								X								X								
	CHRYSLER, CORP.		X								X							X									
	CITICORP		X								X								X								
	CMA TAX EXEMPT FUND					X					X											X					
S	CMA TAX EXEMPT FUND			X							X									X							
S	EASTMAN KODAK CO.		X								X								X								
	EASTMAN KODAK CO.		X								X								X								
	EATON CORP.		X								X								X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name

WILLIAM FLOYD CLINGER, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	EXXON CO.				X						X									X							
	FISHER COMPANIES					X					X									X							
	GENERAL ELECTRIC CO.			X							X									X							
S	GENERAL ELECTRIC CO.					X					X										X						
	GENERAL MOTORS CORP.		X								X									X							
S	GENERAL MOTORS CORP.		X								X										X						
	GULF RESOURCES AND CHEMICAL CORP.		X														NO INCOME	X									
	HALLIBURTON CO.			X							X								X								
	IBM CORP.			X							X								X								
S	IBM CORP.					X					X											X					
	INTEGRA FINANCIAL CORP.		X								X								X								
S	JC PENNEY CO.			X							X										X						
S	JOHNSON AND JOHNSON				X						X											X					
	MANUFACTURERS NATIONAL CORP.		X								X								X								
S	MAY DEPARTMENT STORES				X						X											X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

WILLIAM FLOYD CLINGER, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	MERRILL LYNCH	X									X							X									
	MERRILL LYNCH	X									X								X								
	MINNESOTA, MINING & MANUFACTURING		X								X								X								
S	MINNESOTA, MINING & MANUFACTURING			X							X										X						
S	NYNEX		X								X								X								
S	PACIFIC TELESIS		X								X								X								
	PACIFIC TELESIS		X								X							X									
	PENNSYLVANIA POWER & LIGHT			X							X								X								
S	PEPSICO, INC.			X							X										X						
S	PETROLEUM & RESOURCES CORP.		X								X								X								
	PFIZER, INC.			X							X								X								
S	PHILADELPHIA ELECTRIC CO.		X								X									X							
	PNC FINANCIAL CORP.		X								X								X								
S	POLAROID CORP.		X								X								X								
S	QUAKER STATE OIL			X							X									X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	SCOTT PAPER CO.		X								X								X								
	SEARS, ROEBUCK & CO.		X								X								X								
S	SKYLINE CORP.		X								X								X								
	SOUTHERN COMPANY		X								X							X									
S	SOUTHWESTERN BELL CORP.		X								X									X							
S	US WEST		X								X								X								
	WARNER LAMBERT		X								X								X								
	WELKOM GOLD		X								X								X								
S	WESTINGHOUSE ELECTRIC CORP.			X							X										X						
	WEYERHAEUSER CO.		X								X								X								
S	XEROX CORP.		X								X								X								
	LA CENTRAL NET PROFITS UNITS		X														ROYALTY			X							
	KANSAS CITY SINGLE FAMILY MORTGAGE REVENUE BOND		X								X								X								
	WESTMORELAND COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY BOND		X								X								X								
	LELLA MAY H. CLINGER TRUST B (TRUST ASSETS UNKNOWN, SEE PART X)																Income Distribution					X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

WILLIAM FLOYD CLINGER, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	NATIONAL PATENT DEVELOPMENT CORP.		X														No Income	X									X

Reporting Individual's Name

WILLIAM FLOYD CLINGER, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	NATIONAL PATENT DEVELOPMENT CORP.		X		6-27-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
AUSTRALIAN MEAT AND LIVE-STOCK CORP. (fact-find tour and meetings)		Jan 10-20, 1990	Air travel from London, England to Bangkok, Thailand, to Sydney, Australia to Wash., DC. 11 days food & lodging, self and spouse	
THE CONGRESSIONAL INSTITUTE, INC. (1990 Conference)		Feb 22-24, 1990	Roundtrip train travel from Wash., DC to Princeton, NJ. 3 days food & lodging, self and spouse.	
HAGER SHARP (retreat panelist)		Mar 23-24, 1990	Roundtrip automobile travel from Wash., DC to Charlottesville, VA. 2 days food and lodging, self.	
UNITED STATES TELEPHONE ASSOCIATION (speech and seminar panelist)		Apr 26-29, 1990	Roundtrip air travel from Wash., DC to Phoenix, AZ. 4 days food and lodging, self and spouse.	
THE RIPON SOCIETY (TransAtlantic Conference)		Nov 10-17, 1990	Roundtrip air travel from Wash., DC to Vienna, Austria. 8 days food and lodging, self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
CHAIRMAN	THE RIPON SOCIETY
CHAIRMAN, BOARD OF DIRECTORS	THE RIPON EDUCATIONAL FUND, INC.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
William F Clinger

DATE (Month, Day, Year)
May 15, 1991

Financial Disclosure A-5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 AM 11:10
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

John Howard Cobie
(Full Name)

5741-L Bramblegate Road
Greensboro, North Carolina 27409
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: North Carolina District: 06	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
World Anti-Communist League, Taipei, Taiwan 1/19/90	Speech	$1,000	X
Davidson Electric Membership Corp., Lexington, NC 4/11/90	Speech	$200	X
American Textile Manufacturers Inst., Phoenix, AZ 5/11/90	Speech	$2,000	
Philip Morris Management Corp., Washington, DC 5/15/90	Speech	$1,000	
National Cable Television Assoc., Atlanta, GA 6/13/90	Speech	$1,500	
National Assoc. of Broadcasters, Washington, DC 6/21/90	Speech	$1,000	
N.C. State Firemen's Assoc., Winston-Salem, NC 8/14/90	Speech	$500	X (retained $200)
Oakwood Homes Corp., Greensboro, NC 10/29/90	Speech	$1,500	
Myrtle Desk Company, High Point, NC 11/13/90	Speech	$100	
National Tool Manufacturers Assoc., Greensboro, NC 12/11/90	Speech	$200	

For additional earned income, use next page

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type
American Insurance Association, Washington, DC 12/14/90	Speech

ORARIA

Reporting Individual's Name

John Howard Coble

	Type	Amount	Mark (X) if directed or paid to charity
12/14/90	Speech	$500	

Reporting Individual's Name

John Howard Coble

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Adia Services Common Stock		X								X							X									
	Food Lion Common Stock			X							X							X									
	Forum Group Common Stock	X									X							X									
	Wal Mart Common Stock		X								X							X									
	Ryan's Steak House		X								X							X									
	1840 Villa Drive, Greensboro, NC			X								X									X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John Howard Coble

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	1 acre + dwelling, Blowing Rock, NC				X																						
	78 acre farm, Henry County, VA (½ int)				X																						
	U Filler Up, Inc. Stock Certificate		X								X							X									
	Southeastern S&L Stock Certificate		X								X							X									
	US House Sgt. at Arms Checking Acct.			X																							
	First Union National Bank Checking		X										X						X								
	State Employees Credit Union Savings		X										X						X								
	1st Home Federal S&L Checking Acct.		X										X					X									
	1st Home Federal S&L Savings Acct.		X										X							X							
	Gate City S&L Savings Acct.				X								X								X						
	Merrill Lynch Cash Management Acct.		X										X						X								
	Merrill Lynch Individual Retirement Acc		X								X							X									
	(this IRA contains 245 shares of Food																										
	Lion stock with value of A, 150 shares																										
	of Ryan's Steak House with value of A																										
	plus balance in cash with a value of A)																										

Financial Disclosure A-2(a)

Reporting Individual's Name
John Howard Coble

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First American Mortgage Corporation	Mortgage on 1840 Villa Drive		X					

Reporting Individual's Name

John Howard Coble

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calender year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U.S. Tobacco Company		Jan. 5-7	Roundtrip Air Travel from Greensboro, NC to West Palm Beach, FL plus 3 days food and lodging; participated in 1st Annual Jack Africk Charity Tennis Tournament	X
Chinese National Association of Industry and Commerce		Jan. 14-23	Air Travel from Greensboro to Taipei, Taiwan to Washington, DC, plus 6 days food and lodging; (travelled to Taiwan to Hong Kong and back to Taiwan from Jan. 21-23 at own expense)	
Congressional Charity Tennis Tourn.		Mar 2-4	Bus fare from White Sulphur Springs, WV, to Washington, plus 3 days food and lodging (travelled to WV at own expense)	X

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Source	Date(s)
The Congressional Institute, Inc.	Feb. 22-24
American Textile Manufacturers Institute, Inc.	May 10-11
National Cable Television Assoc.	May 20-21
The Jefferson Foundation	Aug 30 - Sept 8

	Date(s)	Brief Description (Itinerary and Nature of Expenses	(Gift)
c.	Feb. 22-24	Train fare from Princeton, NJ to Washington, plus 2 days food and lodging; participated in Annual Republican Conference policy discussions; (travelled to NJ at own expense)	
	May 10-11	Roundtrip Air Travel from Washington to Phoenix, AZ, plus 2 days food and lodging; gave speech at convention	
.	May 20-21	Air Travel from Greensboro to Atlanta, GA, to Washington, plus 2 days food and lodging; gave speech at convention	
	Aug 30 - Sept 8	Air Travel from Greensboro to Johannesburg, South Africa, to Washington, plus 7 days food and lodging; participated in fact-finding mission	

Reporting Individual's Name
John Howard Coble

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member	Board of Associates of Greensboro College, Greensboro, NC
Member	National Commission on the Future of High Point College, High Point, NC
Member	Board of Visitors of Guilford College, Greensboro, NC
Member	Congressional Advisory Board of Congressional Youth Leadership, Washington, DC

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John Howard Coble	May 15, 1991

GPO: 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 PM 2:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

E. Thomas Coleman
(Full Name)

2468 RHOB
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: ______ District: ______	☐ Officer or Employee — Employing Office: ______
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ______

Me (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Assoc. of Crop Insurers Wash. DC 2/13/90	Speech/Honorarium	$1000	
	Assoc. of Community College Trustees 2/26/90 Wash. DC.	Speech/Honorarium	1500	
	Educational Testing Services Wash. DC 3/1/90	Speech/Honorarium	1000	
	National Assoc of Futures Trading Advisors Wash. D.C. 3/5/90	Speech/Honorarium	2000	
	Kansas City Board of Trade Boca Raton, Fl. 3/20/90	Speech/Honorarium	2000	
	The Carpet And Rug Institute, Inc. Wash. D.C. 3/22/90	Speech/Honorarium	2000	
	Coalition of Higher Education Assistance Organizations Wash. D.C. 3/22/90	Speech/Honorarium	1000	
	American Transportation Systems Inc St. Louis, Mo. 3/27/90	Speech/Honorarium	2000	
	Florida Sugar Cane League Clewiston, Fl. 4/2/90	Speech/Honorarium	2000	
	The American College Testing Program, Inc. K.C. Mo 4/18/90	Speech/Honorarium	1500	

For additional earned income, use next page

Reporting Individual's Name
E. Thomas Coleman

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Council of Scientific Society Presidents Wash. D.C. 5/16/90	Speech/Honorarium	250	
Nat'l Council of Higher Education Loan Programs, Inc St. Louis, Mo. 5/18/90	Speech/Honorarium	2000	
Higher Education Assistance FOUNDATION Wash. D.C. 6/5/90	Speech/Honorarium	2000	
MONSANTO Corp. St. Louis, Mo. 7/12/90	Speech/Honorarium	1000	
Grocery Manufacturers of America, Inc White Sulfur Spring, W.VA. 8/10/90	Speech/Honorarium	2000	
Nat'l Assoc. of State Universities & LAND Grant Colleges K.C. Mo. 11/9/90	Speech/Honorarium	500	
Chicago Board of Trade Chicago, Ill. 11/13/90	Speech/Honorarium	1000	
Chicago Mercantile Exchange Chicago, Ill. 11/[illegible]/90	Speech/Honorarium	1000	
KANSAS City Board of Trade K.C. Mo. 12/28/90	Speech/Honorarium	2000	X

Reporting Individual's Name
E. Thomas Coleman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Perpetual SAVINGS BANK		X										X							X							
Jt			Household BANK		X										X						X								
Jt			Calvert Tax Free Money Mkt. Fund				X								X									X					
Jt			One-HALF Interest IN 5 Acres,																										
			Siskiyou Co. CALIFORNIA			X														X									
[illegible]			Perpetual SAVINGS BANK			X									X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
E. Thomas Coleman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Wright-Patman Cong'l Fed Cr. Un.		X										X						X								
	Wright Patman Cong'l Fed Credit Union		X										X						X								
	The VANGUARD Group - GNMA Mutual Fund		X										X														

Reporting Individual's Name: E. Thomas Coleman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	—								

Reporting Individual's Name
E. Thomas Coleman

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Kansas City Board of Trade	3/9-10, 1990	Roundtrip Air Travel from Wash. D.C. to Miami, Fl. 3 days food, lodging for self & spouse	
Washington University	3/19/90	Roundtrip Air from Wash. DC to St. Louis for spouse	
Monsanto Corp	3/19/90	Round trip Air from Wash. DC. to St. Louis	
Grocery Manufacturers Assoc. of Am.	6/16-18/90	Round trip ground transportation from Wash DC to White Sulphur Springs, W.Va. 3 days food & lodging, self & spouse	
[redacted]			
Yale University	2/1-3/90	Roundtrip train from Wash. DC to Newhaven, Conn. 2 days food & lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
E. Thomas Coleman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Committee on the Graduate School	Yale University
Member, Board of Trustees	Harry S Truman Scholarship FOUNDATION

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
E. Tom Coleman

DATE (Month, Day, Year) [redacted]
5/13/91

GPO : 1991 37-080 (m)

UNITED STATES HOUSE OF REPR. 3ENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY -1 [illegible] 2:02
U.S. [illegible]
HAND DELIVERE

Ronald D. Coleman
(Full Name)

440 Cannon House Office Building, Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Texas District: 16	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	U.S. House of Representatives	salary		
	U.S. House of Representatives	spousal salary		

For additional earned income, use next page

Reporting Individual's Name

Ronald D. Coleman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
			none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Prudential Insurance	X											X					X									
		Mera Bank	X											X					X									
		Congressional Credit Union	X											X					X									
S		Congressional Credit Union	X											X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name
RONALD COLEMAN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒ XX

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	MBank El Paso	Personal Loan		X					
	Congressional Credit Union	Personal Loan	X						
	Charles Crowder	Loan to RDC Blind Trust			X				
	Deborah Kastrin	Loan to RDC Blind Trust			X				

Reporting Individual's Name
RONALD COLEMAN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
xamples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Assoc.	1/19-21/90	Roundtrip airfare D.C.-Miami, Food Lodging, Self & Spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing d
representative, employee, or consultant of any corporation, firm partnership, or other business enterpri
institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employ
of payments by a former employer other than the U.S. Government; or continuing participation in an employe
see Instructions, page 23.

Date	Parties To

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financi
not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust
approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because the
(See Instructions page 5.)

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended
requesting person upon written application and will be reviewed by the Committee on Standards of Offici
and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6,

SIGNATURE OF REPORTING INDIVIDUAL

Ronald C

GPO: 1991 37-086 (m)

Reporting Individual's Name

RONALD COLEMAN

ested, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, rm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other on see Instructions, page 22.

al, or political entities, and positions solely of an honorary nature.

NONE ☒ XX

zation

rrangement with respect to: future employment; a leave of absence during the period of government service; continuation ent; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information,

NONE ☒ XX

	Terms of Agreement

AND CERTIFICATION

eneficial interest in a trust or other financial arrangement whose holdings were ther excepted trust? A Qualified Blind Trust is a trust which has been specifically t. (See Instructions, page 15.)	Yes ☐	No ☒	NA ☐
of a spouse or dependent child because they meet the three tests for exemption?	Yes ☐	No ☒	NA ☐

s in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any ed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly d criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

	DATE (Month, Day, Year) April 30, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 JUL 17 PM 4:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

BARBARA-ROSE COLLINS
(Full Name)

1541 Longworth H.O.B.
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Mich. District: 13	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	City of Detroit	Salary	57,554.44	

For additional earned income, use next page

Reporting Individual's Name
BARBARA-ROSE COLLINS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	STATE Employees Credit Union 501 S Capitol Ave, Lansing Mi.	X									X							X									
	DET. Municipal Credit Union 1480 E. Jefferson Det. Mi.	X									X							X									
	1st of America Bank 645 Griswold Det. Mi:	X									X							X									
	NATL. Bank of Det. P.O. Box 206A Det. Mi.	X									X							X									
	1st Financial Credit Union 3151 Gratiot Det Mi	X									X							X									
	John Hancock - Bond TRUST PO Box 1351 Boston Mass		X								X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Barbara-Rose Collins

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	NATL. TRUST Corp 100 Renaissance Center, Det. Mi.	X									X							X									
	1st of Mi. Corp. 100 Renaissance Center, Det Mi	X									X							X									
	Franklin Universal TRUST	X									X							X									
	Franklin Universal TRUST	X									X							X									
	Comerica Bank Chene-Medbury, Det. Mi		X										X					X									
	Comerica Chene-Medbury, Det. Mi.		X										X					X									
	Mariott Corp.	X									X							X									
	MCI Communications Corp.	X									X							X									
	Unit Natl. Muni. TRUST.	X									X							X									
	Detroit Teachers Credit U. Detroit Mi.	X									X							X									
	1st Independence Bank 44 Michigan Ave, Det. Mi.	X									X							X									

Reporting Individual's Name
Barbara-Rose Collins

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Kingston State Bank, Mich.	Mortgage on 180 Fredcrest Shay Lake, Mi	X						
	1st Independance Bank 44 Mich. Ave, Det Mi.	Campaign Loan			+				

Reporting Individual's Name
Barbara-Rose Collins

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Barbara-Rose Collins

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Detroit Symphony Orchestra Hall
Director	Operation Get-Down

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Barbara-Rose Collins

DATE (Month, Day, Year)
July 17, 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15

OFFICE OF THE
U.S. HOUSE OF REPRES

HAND DELIVERED

⑧

U.S. HOUSE OF REPRESENTATIVES
1991 MAY 15 PM 10:05

CARDISS COLLINS
(Full Name)

2264 Rayburn Office Building
(Mailing Address)

Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: Illinois — District: Seventh	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Johnson Publishing Company; Chicago, IL (November)	Article	$1,500	
	National Association of Broadcasters; Washington, D.C. (April 16)	Speech	$2,000	
	National Confectioners Assn.; McClean, VA (Feb. 5)	Speech	$1,000	
	Chocolate Manufacturers Assn.; McClean, VA (Feb. 5)	Speech	$1,000	
	National Cable Television Assn.; Washington, D.C. (June 13)	Speech	$1,500	
	National Federation - Specialty Nursing Organization (Sept. 10)	Speech	$1,500	

For additional earned income, use next page

Reporting Individual's Name

CARDISS R. COLLINS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Congressional Credit Union, Washington, DC - personal account			x									x								x						
	Merchandise National Bank, Chicago, IL - Savings Account	x											x					x									
	Riggs National Bank, Washington, DC - Savings Account		x										x						x								
	Merrill Lynch Money Market		x								x								x								
	First Prairie Tax Exempt M. M.				x						x										x						
	Pueblo Cnty., Colo. - Bond			x									x								x						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

CARDISS R. COLLINS

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	New Orleans, La., Bond			x									x								x						x
	Minneapolis, MN., Bond				x								x								x						
	Westmoreland Cnty., Penn. Bond				x								x								x						
	Occidental Petroleum Corp. Stock		x								x								x								
	FPL Group Inc. Common Stock		x								x								x								x
	Public Service Co. of Col. Common Stock		x								x								x								x
	Commerce Clearing House Common Stock		x								x								x								
	McDonald's Corp. Common Stock		x								x							x									x
	May Dept. Stores Common Stock		x								x								x								
	Emerson Elect. Co. Common Stock		x								x								x								x
	Cooper Ind. Common Stock		x								x								x								x
	Federal Express Corp. Common Stock		x								x							x									
	Security Pacific Corp. Common Stock		x								x								x								
	St. Paul Co. Common Stock		x								x								x								
	Aerovox Co. Common Stock	x									x							x									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

CARDISS R. COLLINS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H								Other Income (Specify type)	I	II	III	IV	V	VI	VII	VIII	IX	
S, DC, JT		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
	Esco Electronics Co. Common Stock	x									x							x									
	Venture Stores Common Stock	x									x							x									
	Dallas, Texas Bonds			x									x								x						x
	Department of Labor - Widow's Death Benefit							x									Annuity							x			
	Storefront type building (1 story) - Roosevelt Road, Chicago, Illinois			x								x						x									
	First National Bank of Chicago:																										
	- Savings Account			x									x							x							
	- Certificate of Deposits			x									x								x						
	- Money Market Accounts		x										x					x									
	Individual Retirement Account		X										x						X								

Reporting Individual's Name
CARDISS R. COLLINS

PART IV—TRANSACTIONS

1/2

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Cooper Industries Common Stock		x		01-17-90	x						
	Emerson Electric Co. Common Stock		x		01-17-90	x						
	FPL Group Common Stock		x		01-17-90	x						
	McDonald's Corporation Common Stock		x		01-17-90	x						
	Public Service Co. of Colorado Common Stock		x		01-17-90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
CARDISS R. COLLINS

PART IV—TRANSACTIONS

2/2

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	New Orleans, La., Gen. Purp. Rev. Bond - redemption		x		08-01-90		x					
	Dallas, Texas 7% Bonds	x			08-07-90			x				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

CARDISS R. COLLINS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Assoc. of Broadcasters		April 16	Round trip air from Washington, D.C. to Atlanta, Ga., one day lodging.	
National Cable Television Assoc.		June 13	Round trip air from Washington, D.C. to Atlanta, Ga., one day lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
CARDISS R. COLLINS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Cardiss Collins

DATE (Month, Day, Year)
May 15, 1991

GPO 1991 [illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 PM 2:31
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

LARRY ED COMBEST
(Full Name)

1527 LONGWORTH -
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: TEXAS District: 19	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	TOBACCO INSTITUTE - JAN 4, 1990	SPEECH	2000.00	
	CHICAGO BOARD OF TRADE - MARCH 8, 1990 NOV. 7, 1990	SPEECH SPEECH	1000.00 750.00	
	MISSISSIPPI COTTON CRUSHERS - APRIL 20, 1990	SPEECH	1000.00	
	COTTON WAREHOUSE ASSN. JUNE 15, 1990	SPEECH	2000.00	
	MONSANTO CORP. - AUG. 10, 1990	SPEECH	500.00	
	WESTERN PEANUT GROWERS, AUG 23 1990	SPEECH	2000.00	
	STROUD CROP INSURANCE - SEPT 25 1990	SPEECH	2000.00	
	CHICAGO MERCANTILE EX. NOV 9, 1990	SPEECH	750.00	
	RITTS, BRICKFIELD KAUFMAN -	SPOUSE INCOME		

For additional earned income, use next page

Reporting Individual's Name
LARRY ED COMBEST

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	192 Main Street, Dover, Delaware				X							X								X							
	EE CLOUD PARTNERSHIP - 1/4 INTEREST ESTATE (FARM) OF MY LATE GRANDFATHER				X												FARM INCOME				X						X - SOLD
	SOVRAN BANK - SAVINGS ACCOUNTS ONE FROM SALE OF ABOVE MENTIONED FARM, ALSO INCLUDES SAVINGS ACCOUNTS FROM THE RE-FINANCE OF OUR HOME TO DO MINOR RENOVATION -					X							X									X					
	WRIGHT PATMAN FEDERAL CREDIT UNION - SAVINGS			X									X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

LARRY ED COMBEST

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)

Reporting Individual's Name
LARRY ED COMBEST

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17. NONE ☐		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	1/4 INTEREST IN GRANDFATHERS ESTATE (FARM)		X		6-29-90				X	-TOTAL		

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	LUBBOCK NATIONAL BANK	NOTE ON BUSINESS Z OWNED PRIOR TO CONGRESS			X				
	BROWNFIELD STATE BANK PAID 1ST 90	" " "		X					

Financial Disclosure A-3

Reporting Individual's Name
LARRY ED COMBEST

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
KEMPER OPEN -	BAG, WATERFORD CRYSTAL, SHIRT, BAG TAG	196

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
TOBACCO INSTITUTE		JAN 16-20 '92	ROUND TRIP AIR FARE—WASH, D.C. - PALM SPRINGS - 3 DAYS FOOD & LODGING FOR SELF & SPOUSE	
CHICAGO BOARD OF TRADE		MAR 8-11 '9[illegible]	ROUND TRIP AIR FARE - WASH DC - WEST PALM BEACH - 3 DAYS FOOD & LODGING FOR SELF & SPOUSE	
MISSISSIPPI COTTON CRUSHERS		APRIL [illegible] ~~JUNE~~ 14-17 '9[illegible]	ROUND TRIP AIR FARE - WASH. DC. - FT. WALTON BEACH - 2 DAYS FOOD & LODGING FOR SELF & SPOUSE	
COTTON WAREHOUSE ASSN		JUNE 14-16, 199[illegible]	ROUND TRIP AIR FARE - WASH DC - RENO. 2 DAYS FOOD AND LODGING - SELF ONLY	
MONSANTO		SEPT 10 '9[illegible]	ROUND TRIP AIR FARE - WASH. D.C. - ST LOUIS - LUNCH - SELF ONLY	

(SEE ATTACHMENT)

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Second Page

[illegible] identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received [illegible] you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NATIONAL AGRICULTURAL CHEMICALS		SEPT 29,30,'9	2 NIGHTS LODGING & FOOD FOR SELF AND SPOUSE- WHITE SULFER SPRINGS, W. VA.	
CHICAGO MERCANTILE EX		NOV 11-12,'90	ROUND TRIP AIR FARE WASH. DC-CHICAGO 1 NIGHT FOOD & LODGING - SELF ONLY	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
LARRY ED COMBEST

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Larry Combest	DATE (Month, Day, Year) 5-14-91

GPO: 1991 37-086

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Gary A. Condit
(Full Name)

920 13th Street, Modesto, CA 95354
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Calif. District: 15	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

1991 MAY 17 AM 10 05

MAY 14 1991

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(Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

Gary A. Condit

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Condominium reported in 1990																										
		and sold in 1990 - was only																										
		used as residence.																										

For additional assets and unearned income, use next page

Reporting Individual's Name
Gary A. Condit

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Gary A. Condit

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Gary A. Condit

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	Berry, Inc., 7508 E. 11th Street, Tulsa Oklahoma
	(Spouse, Carolyn, sits on Board - no compensation)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/13/91

GPO 1991 27-080 (m)

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U.S. HOUSE OF REPRESENTATIVES

✓ MAY 15 1991 ⑤
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

Gary A. Condit
(Full Name)

920 13th Street, Modesto, CA 95354
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Calif. District: 15	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) [✓ ☒ Amendment]	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

Reporting Individual's Name

Gary A. Condit

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V † $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Condominium reported in 1990																										
	and sold in 1990 - was only																										
	used as residence.																										
JT	Loan to Condit for Congress Comm	X											X														
	Repaid in full in 1990 (campaign debt) As reported in Condit for																Repayment of Principal								X		
	Congress campaign documents.																										/

For additional assets and unearned income, u

Reporting Individual's Name

Gary A. Condit

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S,DC,JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Modesto Banking Company, Modesto	Personal loan for campaign - Repaid in full in 1990 (Campaign debt)				X			

Reporting Individual's Name

Gary A. Condit

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Gary A. Condit

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	Berry, Inc., 7508 E. 11th Street, Tulsa Oklahoma
	(Spouse, Carolyn, sits on Board - no compensation)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/13/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 7: 24
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

JOHN CONYERS, JR.
(Full Name)

2426 RAYBURN
(Mailing Address)
WASHINGTON DC 20515

Filer Status: ☒ Member of the U.S. House of Representatives State: MI District: 01 ☐ Officer or Employee Employing Office: U.S. House of Rep

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	DET. BOARD OF EDUCATION	SPOUSE SALARY	N/A	
	WAYNE CO. ASSOC. FOR RETARDED, DET MI	SPOUSE SALARY	N/A	
	AMERICAN POSTAL WORKERS UNION, WASH DC (7-30-90)	HONORARIA	$2,000	
	AMERICAN INSTITUTE OF CERT. PUB. ACCTS (2-8-90)	HONORARIA	$2,500	
	COMMUNITY ACTION AGAINST POVERTY, INDIANAPOLIS	HONORARIA	$1,000	

For additional earned income, use next page

Reporting Individual's Name
JOHN CONYERS, JR

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Cong. Fed. Credit Union	X											X					X									
	Michigan Nat'L Bank, Det, MI	X											X					X									
	Det Fed Employees Credit Union												X					X									
	IRA	X											X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name
JOHN CONYERS, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Hancock Bank Trust Department

--STATEMENT OF ASSETS-- 12/31/90 PAGE 1

ACCOUNT NUMBER 33-3183-02

HANCOCK BANK
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

ADM OFF - MMM
INV OFF - PK

PAR VALUE	--BONDS--	BOOK VALUE	UNIT PRICE	MARKET VALUE
10,000	U.S. TREASURY NOTE DTD [illegible] DUE [illegible] @ 8.50%	10,000.11	101.4380	10,143.80
10,000	U.S. TREASURY NOTE DTD 081590 DUE 081593 @ 8%	9,973.85	101.3750	10,137.50
	TOTAL BONDS	19,973.96		20,281.30 *

UNITS	--TIME DEPOSITS--	BOOK VALUE	UNIT PRICE	MARKET VALUE
14,815	GOVERNMENT INVESTMENT ACCOUNT (PERS ACCTS) (PRIN)	14,815.00		14,815.00
2,284	GOVERNMENT INVESTMENT ACCOUNT (PERS ACCTS) (INCOME) ** INVESTED INCOME **	2,284.00		2,284.00
10,000	HANCOCK BANK CD 647143 DTD 022788 DUE 082991 @ 8.15% INT MONTHLY	10,000.00		10,000.00
	TOTAL TIME DEPOSITS	27,099.00		27,099.00 *

	--MISCELLANEOUS--	BOOK VALUE	UNIT PRICE	MARKET VALUE
	1/3 INT IN REPUBLIC NAT'L LIFE INS POL #193642	1.00		1.00
	TOTAL MISCELLANEOUS	1.00		1.00 *

	BOOK VALUE	MARKET VALUE
TOTAL ASSETS	47,073.96	47,281.30 **
INCOME CASH	68.74	68.74
PRINCIPAL CASH	.71	.71
TOTAL CASH & ASSETS	47,143.41	47,450.75 ***

ACCOUNT NUMBER	TAXPAYER ID
66 153444 032	587-90-7035

YOUR INVESTMENT BROKER
CALVIN P LEWIS
(615)244-4000

A G EDWARDS & SONS
CUSTODIAN FOR
MARTHA HAYS COOPER
IRA ACCOUNT

STATEMENT PERIOD	PAGE
12/01/90 TO 12/31/90	2

OFFICE SERVING YOUR ACCOUNT
LIFE & CASUALTY TOWER
4TH AVE & CHURCH ST
NASHVILLE TENN 37219

-PORTFOLIO SUMMARY-

QUANTITY	DESCRIPTION	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	T Y
	*****MONEY MARKET AND CASH*****					
1,024.46	DAILY CASH ACCUMULATION FUND	1	1,024.46	76.42	7.46	1
	*****PRICED SECURITIES*****					
100	HIBERNIA CORP-CLASS A	6 5/8	662.50	60.00	9.06	1
100	LINCOLN NATL CONV SECS FD INC	11 1/2	1,150.00	102.00	8.87	1
100	SCUDDER NEW EUROPE FUND INC	8 5/8	862.50	25.00	2.90	1
200	SOCIETY FOR SAVINGS BANCORP	5 3/4	1,150.00	120.00	10.43	1
1	ZENITH LABS INC NEW	5 1/2	5.50			1
	TOTAL PRICED SECURITIES-LONG		3,830.50	307.00	8.01	
	TOTAL PRICED ACCOUNT VALUE		4,854.96	383.42	7.90	

*****END OF STATEMENT*****

IF ONE OF YOUR RESOLUTIONS IS TO SAVE MORE MONEY IN 1991, A.G. EDWARDS MAKES IT EASY WITH OUR AUTOMATIC MONTHLY ACCUMULATION PLAN. ASK YOUR BROKER FOR DETAILS.

If this statement does not agree with your records, please contact our Branch Administration Department in St. Louis [illegible]. Please include your full account number.

Certain cash items, receipt and delivery of securit entries and trades settling after the statement peri will appear on your next statement.

Reporting Individual's Name
John Conyers, Jr

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than pryment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Postal Workers Union		Jul. 30-31	Roundtrip from Wash to Las Vegas, One night Lodging	800^{00}
Community Action Against Poverty		Sept 15-16	Roundtrip From Det to Indianapolis	301^{00}
American Institute of CPAs		Aug 8	Roundtrip Det to Wash, no lodging	660^{00}

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John Conyers, Jr

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Conyers Jr

DATE (Month, Day, Year): May 15, 1991

GPO 1991 37-086

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 11:01
U.S. HOUSE OF REPRESENTATIVES

James Hayes Shofner Cooper
(Full Name)

125 Cannon House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: TN District: 4	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	U.S. House of Representatives	Salary	$96,600	
	Smithsonian Institution	Spouse's Salary	$9,355	

For additional earned income, use next page

Reporting Individual's Name
Jim Cooper

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Dominion Bankshares Corp.						X				X												X				
	1st American Bank, Washington, DC		X										X						X								
	Congressional Credit Union			X									X								X						
	Dominion Bank, Shelbyville, TN		X										X						X								
	Hancock Bank, Gulfport, MS		X										X					X									
	Sergeant at Arms, U.S. House	X											X					X									

For additional assets and unearned income, use next page

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 1 of 2)

Reporting Individual: Jim Cooper

Asset and/or Income Source	Valu-ation	Method	Income Type	Amt. of Income	Trans-action
4.5% limited partnership interest in FLC Properties Ltd. in Brentwood, TN			interest lot sales	II VI	
-FLC Business Park and undeveloped land behind it, 41 acres off Maryland Way and Granny White Pike	$2,642,900	tax assmt.			
-McGavock Farms Subdivision, less than 21 acres off Granny White Pike	$1,197,000	tax assmt.			
-144 acres of undeveloped land on Murray Lane	$2,547,900	tax assmt.			
-Service Merchandise Subordinated Notes, 1996, 11 3/4% (12/31/91)	$25,302				
-Certificates of Deposit (12/31/91)	$51,163				
SUBTOTAL	$6,496,312				
4.5% INTEREST	$292,334				
33% interest in Adams' Properties			interest	I	
-01504 East Beach Drive, Gulfport, MS	$106,430	tax assmt.			
33% INTEREST	$35,476				
Martha Hays Trust (see attached printout from Hancock Bank Trust Department)	$47,451		interest	IV	
115 C Street, SE, Washington, DC	$471,279	tax assmt.	rent	V	purchased
41 D Street, SE, Washington, DC	$323,958	tax assmt.	rent	V	old home
IRA Account - James H.S. Cooper (see attached printout from A.G. Edwards & Co.)	$5,002		dividends/ interest	II	purchases
IRA Account - Martha Hays Cooper (see attached printout from A.G. Edwards & Co.)	$4,855		dividends/ interest	II	purchases
33% Remainder Interest, Hortense P. Cooper Trust (Dominion Bancorp. stock)	$32,573	actuarial estimate		I	family gift

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 2 of 2)

Reporting Individual: Jim Cooper

Asset and/or Income Source	Valuation	Method	Income Type	Amt. of Income	Transaction
33% general partnership interest in Cooper Brothers Land Co.			farm inc. royalties	VI II	
-Kentucky Farms, near Smith Mills, KY					
-575 acres ("Tweedy Place", Parcel 18-12, Acct. 2619 and "Floyd Place", Parcel 18-1, Acct. 2618)	$417,810	tax assmt.			
-543 acres ("Klondike" and "Reeder Place", Parcel 12-2, Acct. 2617)	$164,080	tax assmt.			
-162 acres ("Brahm", Parcel 7-18, Acct. 12766)	$79,690	tax assmt.			
-107 acres ("Meuth", Parcel 11-3, Acct. 6443)	$37,655	tax assmt.			
-75 acres ("Utley", Parcel 14-4-14.01, Acct. 13167)	$62,200	tax assmt.			
-Tennessee Farms, near Shelbyville, TN					
-463 acres (the "King Place") on Jenkins Chapel Road (Shofner's Bridge Road)	$266,200	tax assmt.			
-462 acres (the "Stewart Place") off Fishingford Pike	$179,800	tax assmt.			
-80 acres off the Thompson Creek Road	$16,400	tax assmt.			
-Tennessee Lots, in Shelbyville, TN					
-756 Madison Street, Dominion Bank Branch	$149,600	tax assmt.			
-758 Madison Street	$125,000	tax assmt.			
-lot behind 756 Madison, plus strip on East Lane Street/Railroad Ave.	$26,750	tax assmt.			
-218 East Holland Street	$37,700	tax assmt.			
-lot off S. Main Street (corner of South Brittain and St. William's Drive)	$25,500	tax assmt.			
-corner of Depot and Thompson Sts.	$17,500	tax assmt.			
-319 East Lane St.	$6,000	tax assmt.			
-409 East Lane St.	$59,100	tax assmt.			
SUBTOTAL	$1,660,985				
33% INTEREST	$553,661				

66 152723 032	410-74-7242	A G EDWARDS & SONS CUSTODIAN FOR JAMES H S COOPER IRA ACCOUNT	12/01/90 TO 12/31/90
CALVIN P LEWIS (615)244-4000			LIFE & CASUALTY TOWER 4TH AVE & CHURCH ST NASHVILLE TENN 37219

2

-PORTFOLIO SUMMARY CONTINUED

QUANTITY	DESCRIPTION	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	1
	*****PRICED SECURITIES*****					
3,000	R H MACY & CO NEW 16.5% 11-15-06 JR SUB DISCOUNT DEB CONVERTS TO CPN 7-15-93	17	510.00			1
100	* PEOPLES BANCORP OF WORCESTER	13 1/2	1,350.00	124.00	9.19	1
100	SCUDDER NEW EUROPE FUND INC	8 5/8	862.50	25.00	2.90	1
1	ZENITH LABS INC NEW	5 1/2	5.50			1
	TOTAL PRICED SECURITIES-LONG		3,515.50	149.00	4.24	
	TOTAL PRICED ACCOUNT VALUE		5,002.44	259.93	5.20	

*BOND PRICES ARE APPROXIMATIONS AND MAY DIFFER FROM CURRENT MARKET QUOTES. COMPUTERIZED PRICING SERVICES ARE OFTEN UNABLE TO SUPPLY US WITH UP TO THE MINUTE INFORMATION. THESE PRICES ARE PROVIDED ONLY AS A GENERAL GUIDE TO VALUE YOUR PORTFOLIO.

*****END OF STATEMENT*****

IF ONE OF YOUR RESOLUTIONS IS TO SAVE MORE MONEY IN 1991, A.G. EDWARDS MAKES IT EASY WITH OUR AUTOMATIC MONTHLY ACCUMULATION PLAN. ASK YOUR BROKER FOR DETAILS.

---

this statement does not agree with your records, please ontact our Branch Administration Department in St. Louis omptly. Please include your full account number

Certain cash items, receipt and delivery of securit entries and trades settling after the statement peri will appear on your next statement.

Reporting Individual's Name
Jim Cooper

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	115 C St. SE, Washington, DC	X			3/28/90						x	
	Scudder New Europe Fund (for IRA Accounts)	X			2/16/90	X						
	Peoples Bancorp of Worcester, MA (IRA)	X			4/16/90	X						
	Hibernia Corp. - Class A (IRA)	X			4/16/90	X						
	Society for Savings Bancorp. (IRA)	X			4/16/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Commonwealth Savings Bank, Alexandria, VA	Mortgage on 115 C St. SE						X	
	Sovran Mortgage Corp., Richmond, VA	Mortgage on 41 D St. SE			X				

Reporting Individual's Name

Jim Cooper

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
General Motors; Assoc. Public Broadcasting	videotape series: The Civil War	$200+
Bill M. Stone, Tullahoma, TN	$100 check to buy rocking chair for baby	$100
Webster Johnston, Nashville, TN	$250 check to start baby's savings account	$250

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Democratic Cong. Campaign Committee	Aug. 5, 90	Roundtrip Air from Nashville to Jacksonville, 1 day golf, lodging	
Tennessee Bankers Association	Nov. 11,90	one night lodging, Sheraton Music City Hotel, Nashville	
Clarke for Congress Committee	Oct. 2, 90	roundtrip DC-Asheville, NC to speak at fundraiser, one night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jim Cooper

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
limited partner	PLC Properties Ltd.
general partner	Cooper Brothers Land Co.
ex-officio trustee	Walters State Community College; Motlow State Community College
honorary member	Univ. Tenn. Space Institute Support Council

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL J. Cooper

DATE (Month, Day, Year) 5/15/91

GPO: 1991 37-066 (m)

RECEIVED

1991 MAY 15 AM 9:35

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Jerry F. Costello
(Full Name)

629 Garden Boulevard
Belleville, IL 62221
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: IL District: 21 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Belleville School District 118	Spouse Salary	NA	
	Costello For Congress '90 Committee	Spouse Salary	NA	
	*Does Not Accept Honoraria			

For additional earned income, use next page

Reporting Individual's Name
Jerry F. Costello

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Metro East Retail Corp. Stock Granite City, IL				X						X							X									
			C & C Investments-Partnership- Owning Comm. Bldgs.-1/2 interest																										
			Rt. 1, Box 1193B Granite City, IL					X						X											X				
			C & C Investments-Partnership- Owning Equipment																										
			1/2 interest-Rt. 1,Box 1194B Granite City, IL			X								X						X									
			State of Illinois			X													Illinois Retirement	X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Jerry F. Costello

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	West Pointe Bank Stock - IRA		X															X									
S	West Pointe Bank Stock - IRA		X															X									
S	State of Illinois			X													Teacher's Retirement	X									

JERRY F. COSTELLO
21ST DISTRICT ILLINOIS
119 CANNON BUILDING
WASHINGTON DC 20515-1321
TEL (202) 225-5661
FAX (202) 225-0285
1316 NIEDRINGHAUS AVENUE
GRANITE CITY IL 62040
TEL (618) 451-2122
FAX (618) 451-2126
8787 STATE ST. SUITE 207
EAST ST. LOUIS IL 62203
TEL (618) 397-8833

Congreſs of the United States
Houſe of Repreſentatives
Washington, DC 20515-1321

COMMITTEE
PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
AVIATION
SURFACE TRANSPORTATION
WATER RESOURCES
COMMITTEE
SCIENCE SPACE AND TECHNOLOGY
SUBCOMMITTEES
ENERGY RESEARCH AND DEVELOPMENT
SCIENCE RESEARCH AND TECHNOLOGY
SELECT COMMITTEE ON AGING

HAND DELIVERED

⑦

JUN -4 11:40

May 30, 1991

Hon. Donnald K. Anderson
Clerk of the U.S. House of Representatives
H105 Capitol
Washington, D.C. 20515

✓
MC

Dear Donn:

I am enclosing an amended Financial Disclosure form for 1990, due to new information I received in my office following the required filing date of May 15, 1991.

On May 24, 1991 I received a letter dated May 17, 1991 from the Centre for Legislative Exchange listing food and local transportation expenses for Members of the Aviation Subcommittee that went on an official trip to Ottowa, Canada last December to discuss a U.S. - Canadian "open skies" agreement. As per the Ethics regulations, these expenses are required to be disclosed under "Reimbursements." Therefore, I am submitting an amended form.

Please note that the only change made to my FD form is regarding these reimbursed expenses. I appreciate your consideration of this matter.

Sincerely,

Jerry F. Costello

JERRY F. COSTELLO
Member of Congress

Reporting Individual's Name

Jerry F. Costello

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	C & C Investments - Equipment	X			10-12-90			X				
	West Pointe Bank Common Stock - IRA	X			12-19-90	X						
S	West Pointe Bank Common Stock - IRA	X			12-19-90	X						
	Advest, Inc. - Cash reserve account - IRA formerly Magna Bank Money Market Account - IRA		X		12-19-90	X						
S	Advest, Inc. - Cash reserve account - IRA formerly Magna Bank Money Market Account - IRA		X		12-19-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Magna Bank, Belleville, IL	Mortgage & notes on comm. bldgs. Rt. 1, Box 1193B, Granite City, IL					X		

Reporting Individual's Name
Jerry F. Costello

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
PBS	Civil War Video Tapes	$120

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fleischman/Hillard	3-12-90	Air Travel from St. Louis to Orlando to Washington	
		(flew to Orlando to promote St. Louis Region for NFL expansion team with Congressmen Gephardt and Buechner of Missouri; after 3 hour meeting with NFL Commissioner and team owners, flew to Washington the same afternoon).	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jerry F. Costello

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
General Partner	C & C Investments (Commercial Bldgs., Granite City, IL)
Secretary/Director	Metro East Retail Corporation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerry F. Costello	DATE (Month, Day, Year) May 14, 91

GPO 1991 37-[illegible](m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] JUL -4 [illegible] 11:41

HAND DELIVERED

(Office Use Only)

Jerry F. Costello
(Full Name)

629 Garden Boulevard
Belleville, IL 62221
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: IL District: 21	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Belleville School District 118	Spouse Salary	NA	
Costello For Congress '90 Committee	Spouse Salary	NA	
*Does Not Accept Honoraria			

For additional earned income, use next page

Financial Disclosure A-1

Reporting Individual's Name

Jerry F. Costello

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Metro East Retail Corp. Stock Granite City, IL						X						X							X									
	C & C Investments-Partnership- Owning Comm. Bldgs.-1/2 interest																												
	Rt. 1, Box 1193B Granite City, IL							X						X											X				
	C & C Investments-Partnership- Owning Equipment																												
	1/2 interest-Rt. 1,Box 1194B Granite City, IL					X								X						X									
	State of Illinois					X													Illinois Retirement	X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Jerry F. Costello

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	West Pointe Bank Stock - IRA		X															X									
S	West Pointe Bank Stock - IRA		X															X									
S	State of Illinois			X													Teacher's Retirement	X									

Reporting Individual's Name
Jerry F. Costello

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	C & C Investments - Equipment	X			10-12-90			X				
	West Pointe Bank Common Stock - IRA	X			12-19-90	X						
S	West Pointe Bank Common Stock - IRA	X			12-19-90	X						
	Advest, Inc. - Cash reserve account - IRA formerly Magna Bank Money Market Account - IRA		X		12-19-90	X						
S	Advest, Inc. - Cash reserve account - IRA formerly Magna Bank Money Market Account - IRA		X		12-19-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Magna Bank, Belleville, IL	Mortgage & notes on comm. bldgs. Rt. 1, Box 1193B, Granite City, IL					X		

Reporting Individual's Name
Jerry F. Costello

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
PBS	Civil War Video Tapes	$120

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fleischman/Hillard	3-12-90	Air Travel from St. Louis to Orlando to Washington	
		(flew to Orlando to promote St. Louis Region	
		for NFL expansion team with Congressmen	
		Gephardt and Buechner of Missouri; after 3 hour	
		meeting with NFL Commissioner and team owners,	
		flew to Washington the same afternoon).	
Centre for Legislative Exchge	12-13-90	Food and local transportation costs during Aviation Committee trip to Ottowa, Canada, re: Open Skies	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jerry F. Costello

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
General Partner	C & C Investments (Commercial Bldgs., Granite City, IL)
Secretary/Director	Metro East Retail Corporation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerry F. Costello	**DATE (Month, Day, Year)** May 30, 1991

GPO 1991 37-580

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 10 PM 1:42
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Lawrence Coughlin
(Full Name)

2309 Rayburn H.O.B.
Washington D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Pa. District: 13 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	2/9/90 Railway Progress Institute	Speech	$1,000	X
	3/16/90 American Public Transit Association	Speech	1,000	X
	5/9/90 Council of Scientific Society Presidents	Speech	250	
	6/5/90 American Trucking Association	Speech	1,000	X
	6/25/90 American Gas Association	Speech	1,000	X
	11/27/90 Parsons Brinckerhoff	Speech	2,000	X
	11/27/90 American Capital & Research	Speech	2,000	X
	U.S. Dept. of Transportation	Salary	Wife	

For additional earned income, use next page

Financial Disclosure A-1

Reporting Individual's Name
Lawrence Coughlin

2

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	Congressional Federal Credit Union		X										X						X								
S	Congressional Federal Credit Union		X										X						X								
S	Columbia First Federal S&L		X										X					X									
	Alliance Tax Exempt Reserve Fund				X								X									X					
	American Security Bank		X										X						X								
S	American Security Bank		X										X						X								
	222 S. Carolina Ave. S.E. Wash. DC				X							X										X					
	U.S. Treasury Note			X									X							X							
	U.S. Treasury Note			X									X							X							
	Abbott Labs Stock		X								X								X								X
	Affiliated Publications Stock		X								X							X									
	American Brands Stock			X							X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Lawrence Coughlin

3

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Bausch & Lomb Stock		X								X								X								
	Bristol Myers Squibb Stock		X								X								X								
	Giant Food Stock		X								X								X								
	John H. Harland Stock		X								X								X								
	H.J. Heinz Stock		X								X								X								
	Pacific Telesis Stock		X								X								X								
	Rubbermaid Stock		X								X							X									
	Schering Plough Stock			X							X								X								
	Waste Mgmt. Stock		X								X							X									
	Wilmington Trust Stock			X							X								X								

Reporting Individual's Name
Lawrence Coughlin

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PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Abbott Labs Stock		X		7/25/90	X						
	N.Y. Times Stock		X		7/25/90	X						
	Tribune Co Stock		X		7/25/90	X						
	Rubbermaid Stock		X		8/20/90	X						
	Weis Markets Stock		X		10/18/90	X						
	McCaw Cellular Comm Stock		X		11/5/90	X						
	Bausch & Lomb Stock	X			6/12/90	X						
	Bristol Myers Squibb Stock	X			6/12/90	X						
	Pacific Telesis Stock	X			6/12/90	X						
	Waste Mgt Stock	X			6/12/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Lawrence Coughlin

5

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Railway Progress Institute		Feb 8-9, 1990	Round trip air from Wash. D.C to Florida, car rental & lodging - panel	
The Congressional Institute		Feb 22-24	Transportation from Washington DC to Princeton, N.J., meals & lodging - conference	
Bell Helicopter		April 1-2	Round trip air from Wash. D.C to Fort Worth, Texas, meals & lodging - plant visit	
Parsons, Brinckerhoff		Nov 27-29	Round trip air from Wash. D.C. to Los Angeles, Calif. - transit meetings	
Los Angeles County Transp. Comm		" " "	Meals & lodging, Los Angeles, Calif - transit - transit meetings	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Lawrence Coughlin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) May 14, 1991

ED STATES HOUSE OF REPRESENTATIVES

.NCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 16 AM 11:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congressman Christopher Cox
(Full Name)

412 Cannon Building
Washington, DC 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: CA District: 40 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MAY 15 1991 MC ⑤
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Congressman Christopher Cox

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Dean Witter Reynolds, Inc.														X							X							
	money market account																												
	Cox Congressional Committee														X									X					
	promissory note																												
	Dean Witter IRA														X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Congressman Christopher Cox

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Pacific National Bank	personal note		X					
	David Industries Inc.	personal note		X					

Reporting Individual's Name

Congressman Christopher Cox

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds: travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Congressman Christopher Cox

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member-Board of Trustees	Yosemite Fund
Member - Advisory Board	Childhelp USA
Member-Board of Advisors	Center for Security Policy
Member-Advisory Committee	Radio America
Member-Board of Advisors	Int'l Medical Corps.
Member-Board of Advisors	Washington Legal Found.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Christopher Cox

DATE (Month, Day, Year)
May 14, 1991

GPO 1991 37-590 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 28 AM 7:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congressman Christopher Cox
(Full Name)

412 Cannon Building
(Mailing Address)

Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 40	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination Termination Date:

INSIDE MAIL
MC
(Office Use Only)
⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

Congressman Christopher Cox

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Dean Witter Reynolds, Inc. money market account		X										X							X							
	Cox Congressional Committee promissory note				X								X									X					
	Dean Witter IRA		X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Congressman Christopher Cox

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Pacific National Bank	personal note		X					
	David Industries Inc.	personal note		X					

Reporting Individual's Name
Congressman Christopher Cox

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Congressman Christopher Co

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member-Board of Trustees	Yosemite Fund
Member-Advisory Board	Childhelp USA
Member-Board of Advisors	Center for Security Policy
Member-Advisory Committee	Radio America
Member-Board of Advisors	International Medical Corps
Member-Board of Advisors	Washington Legal Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Christopher Cox

DATE (Month, Day, Year)
May 22, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 4:53

U.S. [illegible] NTATIVES

HAND DELIVERED

(5)

John W. Cox, Jr.
(Full Name)

906 3rd Street
(Mailing Address)

Galena, Illinois 61036

Filer Status: ☒ Member of the U.S. House of Representatives State Illinois District 16th ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Hammer, Cox & Simon	Law Partnership, Income $100,725		

For additional earned income, use next page

Reporting Individual's Name
John W. Cox, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000		Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X									X
Examples:	George Wash. Credit Union Accounts			X									X								X							
Examples:	162 Main Street, Dover, Delaware				X							X								X								
JT	Tri-State Bank, Savings				X								X							X								
	Edward D. Jones, Freddie Mac		X										X						X									
S	Edward D. Jones, Freddie Mac		X										X							X								
S	Tri-State Bank, IRA's		X										X						X									
	Tri-State Bank, IRA's & SEP			X									X							X								
	J.D.C. Communications, Inc. Stock	X									X							X										

For additional assets and unearned income, use next page

Reporting Individual's Name
John W. Cox, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Law Practice Personal Property		X		12-26-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Tri-State Bank of East Dubuqu	206 N. Third St., Galena, Il. Mortgages-906 Third St., Galena, Il.				X			
	General Motors Acceptance Corporation	1990 Van		X					
	Galena State Bank	Law Office Personal Property		X					

Reporting Individual's Name

John W. Cox, Jr.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VIII—POSITIONS

Reporting Individual's Name
John W. Cox, Jr.

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Hammer, Cox & Simon
Board Chairman	J.D.C. Communications, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
5-15-91

GPO: 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY -8 [illegible] 3:03
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

William J. Coyne
(Full Name)

2455 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: PA District: 14th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Smith Kline Beecham 4-9-90	Speech	$1,000.00	
	National Restaurant Association 5-18,19-90	Speech	$1,000.00	
	Eastern PA Chapter of American College of Surgeons 9-28-90	Speech	$2,000.00	
	Steel Service Center Institute 4-19-90	Speech	$1,000.00	
	National Office of Orthoticts Prosthetics 9-14,15-90	Speech	$2,000.00	

For additional earned income, use next page

Reporting Individual's Name

William J. Coyne

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Pittsburgh National Bank				X								X									X					
		Wright Patman Federal Credit Union		X										X						X								
		Dollar Savings Bank			X									X							X							
		Mellon Bank			X									X							X							

For additional assets and unearned income, use next page

Reporting Individual's Name

William J. Coyne

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XX

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage c:. 182 Main St. Dover, Del.				X			

Reporting Individual's Name
William J. Coyne

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒ XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Restaurant Association	May 18-19,90	Roundtrip Air From Wash., D.C. to Chicago & Hotel	$1,1392.10
National Office Of Orthoticst Prosthetics	Sept. 14-15,90	Roundtrip Air From Wash., D.C. to Boston to Pgh.	$579.50
Eastern PA Chapter of American College of Surgeons	Sept. 28, 90	Roundtrip Air from Wash., D.C. to Easton, PA	$270.00

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William J. Coyne

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	YMCA Of Pittsburgh
Board Member	FLAX Trust

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL William J. Coyne

DATE (Month, Day, Year) May 8, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 4: 28

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Robert E. Cramer, Jr.
(Full Name)

417 Eustis Avenue, Huntsville, Alabama 35801
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Alabama District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State of Alabama	Salary	$57,224.14	
	Madison County, Alabama	Salary	$21,620.00	
	Cramer Travel Agency, Huntsville, Alabama	Directors Fee	$1,500.00	
	Madison County, Alabama	Expense Account	$2,400.00	

For additional earned income, use next page

Reporting Individual's Name
Robert E. Cramer, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
				Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Easy Street Investment Company, Inc.																										
			Huntsville, AL (1) Share		X											X					X								
			Alabama State Employees Deferred																										
			Income Account, Montgomery, AL		X								-			X					X								
			Nationwide Fixed Annuity																										
			Massachusetts Capital Development																										

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Robert E Cramer, Jr.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Loan to Friends of Bud Cramer																										
	Campaign, Huntsville, AL				x												No Income	x									
	Money Market Bank Account																										
	SouthTrust Bank, Huntsville, AL			x									x						x								

Financial Disclosure A-2(a)

Reporting Individual's Name

Robert E. Cramer, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	None											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	None								

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Robert E. Cramer, Jr.

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

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Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
None				

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert E. Cramer, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	National Center for Missing & Exploited Children, Arlington, Virginia
Director	National Children's Advocacy Center, Huntsville, Alabama
Director	Cramer Travel Agency, Huntsville, Alabama

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Philip Miller Crane
(Full Name)

1035 Longworth Building
(Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: Illinois District: 12	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC (Office Use Only) 9

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)		Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)		Article	$500	X
	ABC Corporation		Director's Fee	$5,000	
	Fairfax County Board of Education		Spouse Salary	NA	
	Pressure Sensitive Tape Council	01-04-90	Speech	$1000	
	Eastern Central Motor Carriers Association, Inc.	02-09-90	Speech	$2000	
	World Youth Crusade for Freedom	03-24-90	Speech	$1000	
	Securities Industry Association, Inc.	03-29-90	Speech	$2000	
	American Rental Association	04-02-90	Speech	$1500	
	United States Tobacco Company	04-28-90	Speech	$2000	
	The Fund for American Studies	05-05-90	Speech	$1000	
	Internat'l Sanitary Supply Assoc., Inc.	05-14-90	Speech	$2000	
	NACUBO	05-16-90	Speech	$1000	
	American Ambulance Association	05-17-90	Speech	$2000	

For additional earned income, use next page

Reporting Individual's Name

Philip Miller Crane

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Greater New York Hospital Association	05-21-90	Speech	$2000	
American College of Surgeons	06-01-90	Speech	$2000	
Allstate	08-30-90	Speech	$2000	
Dorf & Stanton Communications, Inc.	09-14-90	Speech	$2000	
National Assoc. of Independent Insurers	10-17-90	Speech	$2000	
Chicago Mercantile Exchange	10-29-90	Speech	$1500	$150 to charity
Board of Trade of the City of Chicago	10-29-90	Speech	$1500	X
International Media Partners	11-13-90	Speech	$2000	X
The Washington Tax Association	11-15-90	Speech	$1000	X
Assoc. for Independent Medical Services	11-26-90	Speech	$ 750	X
National Subacute Care Assoc., Inc.	11-28-90	Speech	$2000	X
ASIAN OUTLOOK	12-28-90	Article	$ 400	X

Reporting Individual's Name
Philip Miller Crane

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Congressional Credit Union Accounts					X							X										X				
S			First American Bank Account					X							X										X				
			Teacher's Insurance & Annuity Assoc TIAA/CREF (Retirement)		X														Annuity Income			X							
			Am Capitoal Govt Securities Funds (IRA)			X							X									X							
			Wellesley Income Fund (SEP-IRA)					X					X											X					
			New England Life Money Market Account		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Philip Miller Crane

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Putnam Income Mutual Fund				X						X										X						
	Putnam Insured Mutual Fund				X						X										X						
	Nuveen Municipal Value Fund			X							X									X							
	MFS Municipal Income Trust			X							X										X						
	J.A. Buralli & Assoc, L.P., interest in 400 acres development property in McHenry, Illinois			X														X									
	Fountain County, Indiana, Farm			X													farm income					X					
	Coin Collection				X													X									

Reporting Individual's Name

Philip Miller Crane

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Pinnacle West Common Stock		X		08-27-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

PART VI—TANGIBLE GIFTS*
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Philip Miller Crane

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Committee	Carry-all, shirt, crystal glasses, money-clip	$200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Intercollegiate Studies Institute		2/2-2/5	Airfare: DC-Chicago-DC, 1 night lodging and meals	
*Eastern Central Motor Carriers Assoc		2/8-2/19	Airfare: DC-Miami-DC, 3 nights lodging & meals (extra days at own expense)	
GOP Congressional Boosters Club		3/3-3/4	Airfare: DC-West Palm Beach-DC, 1 night lodging and meals	
Young America's Foundation		3/24-3/25	Airfare: DC-State College, PA-DC, 1 night lodging and meals	
Securities Industries Association		3/28-3/29	Airfare: DC-Chicago-DC, 1 night lodging and meals	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

*Airfare, lodging and meals for spouse also provided.

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT -- continued

*Electronic Industries Association	4/5-4/17	Airfare: DC-Ft Meyers, Orlando-DC, 3 nights lodging and meals (extra days at own expense).
U.S. Tobacco Company	4/28-4/29	Airfare: Chicago-Ft Lauderdale-DC, 1 night lodging and meals.
*Fund for American Studies	5/4-5/7	Airfare: DC-San Francisco-DC, 3 nights lodging and meals.
American Ambulance Association	5/17-5/18	Airfare: DC-Kansas City-Chicago, 1 night lodging and meals.
Greater New York Hospital Association	5/21	Airfare: DC-New York-DC, meals.
American College of Surgeons	5/31-6/2	Airfare: DC-Chicago-DC, 1 night lodging and meals (extra day at own expense).
*BBC's "The World This Week"	6/15-6/17	Airfare: DC-London-DC, 1 night lodging and meals.
Panama Canal Society of Florida	6/22-6/23	Airfare: DC-Orlando-DC, 1 night lodging and meals.
*American Institute in Taiwan	8/7-8/15	Airfare: DC-Taipei-DC, 7 nights lodging and meals.
*Taiwan Feed Industry Association	8/15-8/23	7 nights lodging and meals.
International Public Relations Co., Ltd.	9/14	Airfare: DC-New York-DC, meals.
*Grocery Manufacturers of America	11/9-11/11	Bus Transportation: DC-Greenbrier, WV-DC, 2 nights lodging & meals.
*Pacific CBC Institute	11/11-11/14	Airfare: DC-Monterey, CA-DC, 3 nights lodging and meals.

*Airfare, lodging and meals for spouse also provided.

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT -- continued

Association for Independent Medical Services	11/26	Airfare: DC-Chicago-DC, meals.
*Economic Development Administration of Puerto Rico and The Puerto Rico-USA Foundation	11/27-12/2	Airfare: DC-San Juan-Miami-DC, 5 nights lodging and meals.
National Subacute Care Association	11/29-11/30	Airfare: San Juan-Denver-San Juan, 1 night lodging and meals.

*Airfare, lodging and meals for spouse also provided.

Reporting Individual's Name
Philip Miller Crane

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Ashland University, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Pennsylvania
Commissioner	Commission on the Bicentennial of the U.S. Constitution
Limited Partner	J.A. Buralli & Associates

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Philip M. Crane	**DATE (Month, Day, Year)** May 14, 1991

GPO 1991 37-066

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 28
U.S. [illegible] REPRESENTATIVES
HAND DELIVERED

Congressman Randy "Duke" Cunningham
(Full Name)

1017 Longworth House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 44	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Mc (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Security Council	speech	2,000.00	
	Ron Zimmerman-Inc. Phoenix, Az. 1990	sale of video tapes	5,350.00	
	Yale Lock/ New Haven CT April 1990	speech	10,500.00	

For additional earned income, use next page

Reporting Individual's Name

Randy "Duke"Cunningham

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production-of-income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Note secured by deed of trust (debtor) (Calvin Goad)				X																						
JT	Top Gun Enterprises-sole shareholder						X																				
JT	Mission Fed. Credit Union share checking		X										X						X								
JT	Checking Union Bank			X									X						X								
JT	Cash on Hand			X																							
JT	Velocity Software Inc, LA. CA.		X																								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Rand "Duke" Cunningham

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	IRA Spouse/Union Bank/San Diego, CA			X									X							X							
JT	IRA Member (Duke) Union Bank/SD, CA.			X									X							X							

Reporting Individual's Name

Randy "Duke" Cunningham

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE NONE

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the **highest** amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE NONE

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Randy "Duke" Cunningham

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐ NONE

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐ NONE

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Randy "Duke" Cunningham

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	San Diego Aerospace Museum (UNCOMPENSATED)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE NONE

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Randy "Duke" Cunningham	05-15-91

GPO: 1991 37-

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 23 PM 2 33
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED ✓ MC ⑥
(Office Use Only)

Congressman Randy "Duke" Cunnigham
(Full Name)

1017 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Filer Status	☐ Member of the U.S. House of Representatives State: CA District: 44	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment 05/22/91	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Security Council	speech	2,000.00	
	Ron Zimmerman, Inc. Phoenix AZ. 1990	sale of video tapes	5,350.00	
	Yale Lock/ New Haven, CT April 1990	speech	10,500.00	

For additional earned income, use next page

Reporting Individual's Name
Randy "Duke" Cunningham

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Top Gun Enterprises /Holder sole share						X				NONE******																
JT	Mission Fed. Credit Union/Checking share		X										X						X								
JT	Checking:Union Bank			X									X						X								
JT	Velocity Software Inc, LA. CA.		X								N O N E ****																
JT	debtor:Calvin Goad Note/secured by deed of trust			X							N O N E****																
	lot located at Elsworth parcel # 386-410-28																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Randy "Duke" Cunningham

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	IRA Spouse/union Bank/ San Diego, CA			X									X							X							
JT	IRA Member (Duke) Union Bank/SD, CA.			X									X							X							

Reporting Individual's Name

Randy "Duke" Cunningham

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE NONE

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE NONE

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Randy "Duke" Cunningham

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE NONE

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE NONE

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Randy "Duke" Cunningham

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	San Diego Aerospace Museum (uncompensated)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE NONE

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Randy "Duke" Cunningham	DATE (Month, Day, Year) 05/22/91

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 5:13
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

WILLIAM E. DANNEMEYER
(Full Name)

2351 RAYBURN BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 39TH	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

mc (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	FEB 09 SOUTHERN CA COLLEGE, Newport Beach, CA	Speech	$ 200.00	X
	FEB 26 LA TIMES COMMENTARY	Article	$ 250.00	
	MAR 08 CARPET & RUG INSTITUTE, Washington, D.C.	Speech	$2,000.00	
	JUL 17 AMERICAN FARM BUREAU, Washington, D.C.	Speech	$1,000.00	
	NOV 29 CA CABLE TV ASSOCIATION, Anaheim, CA	Speech	$1,500.00	

For additional earned income, use next page

Reporting Individual's Name

WILLIAM E. DANNEMEYER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
				none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
S	PIONEER BANK						X								X									X					
S	FULLERTON SAVINGS & LOAN						X								X									X					
S	STANFORD APARTMENTS: 18 one-bedrooms										X			X												X			
S	CROWN VALLEY BUSINESS PARK									X				X											X				
S	DANNEMEYER PROFESSIONAL BUILDING									X				X											X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM E. DANNEMEYER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	DUPLEX IN ORANGE, CA: ½ owned					X																					
S	GUADALUPE ASSOCIATES, INC (Ignatius Press)																Royalties				X						

Financial Disclosure A-2(a)

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	FULLERTON SAVINGS & LOAN	1st trust deed on apartments			X				
S	PIONEER BANK	2nd trust deed securing business loan			X				
S	SBA FLOOD DAMAGE LOAN	2nd trust deed secure loan/flood loss	X						
S	WELLS FARGO BANK	1st trust deed on business property		X					
S	FULLERTON SAVINGS & LOAN	1st trust deed on duplex in Orange				X			

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
WILLIAM E. DANNEMEYER

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Sergeant at Arms		01/22/90	One-way/LAX to DC (beginning of 101st Congress)	
CA Assn of Neurological Surgeons Santa Barbara		01/27/90	Gas reimbursement for travel between CA 39th and Santa Barbara	
American Family Assn, Memphis TN		03/16/90	travel, lodging	
Family Concerns Inc, Monroe GA		05/6-7/90	travel, lodging	
American Family Assn, Austin TX		06/29/90	travel	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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PART VII - "REIMBURSEMENTS" continued:

Sound Money Investor, PA	07/27-28/90	lodging
Sergeant at Arms	10/28/90	travel/adjournment of 101st Congress
Lutheran Education Assn, Fairmont MN	11/4-5/90	travel, lodging

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board of Directors	GOD'S WORD TO THE NATIONS BIBLE SOCIETY

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

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TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William E Dannemeyer	May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 1:07

WILLIAM E. DANNEMEYER
(Full Name)

2234 RAYBURN BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 39th	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

HAND DELIVERED
MC ✓
⑦
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	FEB 09 SOUTHERN CA COLLEGE, Newport Beach, CA	Speech	$ 200.00	X
	FEB 26 LA TIMES COMMENTARY	Article	$ 250.00	
	MAR 08 CARPET & RUG INSTITUTE, Washington, D.C.	Speech	$2,000.00	
	JUL 17 AMERICAN FARM BUREAU, Washington, D.C.	Speech	$1,000.00	
	NOV 29 CA CABLE TV ASSOCIATION, Anaheim, CA	Speech	$1,500.00	

For additional earned income, use next page

Reporting Individual's Name

WILLIAM E. DANNEMEYER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	PIONEER BANK, Fullerton Branch				X								X									X					
	FULLERTON SAVINGS & LOAN				X								X									X					
	STANFORD APARTMENTS: 18 one-bedrooms 105 North Stanford, Fullerton, CA								X			X													X		
	CROWN VALLEY BUSINESS PARK Laguna Niguel, CA							X				X											X				
	DANNEMEYER PROFESSIONAL BUILDING 1105 East Commonwealth Blvd, Fullerton							X				X												X			

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

WILLIAM E. DANNEMEYER

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alter-native valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Duplex in Orange, CA: ½ owned 745 Westway Avenue, Orange, CA 92665					X						X											X				
	GUADALUPE ASSOCIATES, INC (Ignatius Press)																Royalties				X						

Reporting Individual's Name

WILLIAM E. DANNEMEYER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	FULLERTON SAVINGS & LOAN	1st trust deed on Stanford Apts. 107 North Stanford, Fullerton			X				
	PIONEER BANK	2nd trust deed securing business loan on Dannemeyer Prof. Bldg.			X				
	SBA FLOOD DAMAGE LOAN	2nd trust deed securing loan/flood loss on Stanford Apartments	X						
	WELLS FARGO BANK	1st trust deed on Dannemeyer Professional Building		X					
	FULLERTON SAVINGS & LOAN	1st trust deed on duplex in Orange				X			

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Sergeant at Arms	01/22/90	One-way/LAX to DC (beginning of 101st Congress)	
CA Assn of Neurological Surgeons Santa Barbara	01/27/90	Gas reimbursement for travel between CA 39th and Santa Barbara	
American Family Assn, Memphis TN	03/15/90 - 03/16/90	travel, lodging	
Family Concerns Inc, Monroe GA	05/6-7/90	travel, lodging	
American Family Assn, Austin TX	06/29/90	travel	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

***continued on other side......

REIMBURSEMENTS continued...

10/28/90	Sergeant at Arms, adjournment of 101st Congress	
11/04/90 to 11/05/90	Lutheran Education Assn, Fairmont, MN	travel, lodging

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	GOD'S WORD TO THE NATIONS BIBLE SOCIETY

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William E. Dannemeyer	June 18, 1991

GPO 1991 37-588 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 PM 1:29
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

GEORGE (BUDDY) DARDEN
(Full Name)
228 CANNON HOUSE OFFICE BLDG.
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status: ☑ Member of the U.S. House of Representatives State: GEORGIA District: 7 ☐ Officer or Employee Employing Office:

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	UNITED TECHNOLOGIES-SIKORSKY AIRCRAFT-STRATFORT CT 06601 3/30/90	SPEECH	$1,000	X
	TEXTRON-LYCOMING DIVISION STRATFORD, CT 06497 3/30/91	SPEECH	$1,000	X
	THE BOEING CO. AEROSPACE + ELECTRONICS SEATTLE, WASH 6/25/90	SPEECH	2,000	

For additional earned income, use next page

Reporting Individual's Name
George (Buddy) Darden

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
NATIONAL RESTAURANT ASSOCIATION CHICAGO, ILL 5/18 - 5/20, 1990	PARTICIPATION IN ANNUAL MEETING	$1,000	
LTV AEROSPACE & Defense CO. DALLAS, TEXAS 5/30/90	Speech & facilities Tour	$2,000	X
E-SYSTEMS, DALLAS, TEXAS 5/31/90	Speech & facilities Tour	1,000	X
TEXAS INSTRUMENTS CO. DALLAS, TEXAS 5/31/90	Speech & facilities Tour	2,000	
BELL HELICOPTER TEXTRON, INC. FORT WORTH, TEXAS 6/1/90	Speech & facilities Tour	2,000	
HARRIS CORPORATION ATLANTA, GA. 11/29/90	Speech & facilities Tour	1,000	

Financial Disclosure A-1(a)

Reporting Individual's Name
George (Buddy) Darden

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		STOCK-AllaToonA Federal		X								—	—	—	—	—	—		X									
		SAVINGS BANK; ACWORTH, GA																										
JT		STOCK- GEORGIA Security		X								—	—	—	—	—	—		X									
		BANK-MARIETTA, GEORGIA																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
George (Buddy) Darden

S, DC, JT	BLOCK A Asset and/or Income Source — Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
JT	CERTIFICATE OF DEPOSIT-		X										X						X								
	BARNETT BANK-MARIETTA, GA																										
S	STOCK																										
S	WESTSIDE BANK & TRUST		X								—	—	—	—	—	—		X									
	KENNESAW, GA																										

Reporting Individual's Name
George (Buddy) Darden

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
George "Buddy" Darden

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SIKORSKY AIRCRAFT	3/30/90	ONE WAY AIRTRAVEL TO NEW YORK FROM D.C. (SELF)	
TEXTRON-LYCOMING	3/30/90	ONE WAY AIR TRAVEL TO D.C. FROM NEW YORK (SELF)	
BOEING COMPANY	6/25/90	AIR TRAVEL FROM ATLANTA TO SEATTLE TO WASH, DC (SELF)	
	6/26/90	(ONE NIGHT FOOD + LODGING)	
ELECTRONIC INDUSTRIES ASSN	4/9/90 4/12/90	AIR TRAVEL TO FT MYERS, FLA. FROM ATLANTA-ROUNDTRIP 3 DAYS FOOD + LODGING (SELF + SPOUSE)	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
George (Buddy) Darden

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

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Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT (CONT'D)

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

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NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NATIONAL RESTAURANT ASSN		5/18-[illegible]	ROUNDTRIP AIRTRAVEL TO CHICAGO FROM ATLANTA (FOOD & LODGING 2 DAYS - SELF & SPOUSE	
LTV; E-SYSTEMS; TEXAS INSTS, & BELL HELICOPTER		5/30/90 6/1/90	SHARED ROUNDTRIP AIRTRAVEL TO DALLAS FROM ATLANTA - FOOD & LODGING (2 DAYS & NIGHTS)	(SELF)
FAR EAST STUDIES INSTITUTE approved by U.S.I.A. and 22 U.S.C. §2458a.		11-11-11-18/90	AIRTRAVEL FROM ATLANTA TO PEOPLE'S REPUBLIC OF CHINA, FOOD, LODGING, AND INCIDENTAL EXPENSES (SELF & SPOUSE) MEETINGS WITH NUMEROUS OFFICIALS THROUGHOUT CHINA	
AMERICAN PRESIDENT LINES		11/19-11/20/90	FOOD & LODGING IN HONG KONG ON RETURN FROM CHINA	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
George (Buddy) Darden

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
TRUSTEE	RICHARD B. RUSSELL FOUNDATION
DIRECTOR	COBB COUNTY EMERGENCY AID, INC.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
George (Buddy) Darden

DATE (Month, Day, Year)
5/15/91

GPO 1991 37-598 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 5:17

HAND DELIVERED

Robert W. Davis
(Full Name)

2417 Rayburn House Office Building Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Michigan District: 11th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	see following page			

For additional earned income, use next page

Reporting Individual's Name
Robert W. Davis

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Marquardt Company (1-4-90)	speech	2,000.00	
Marine Engineers Beneficial Assoc. (1-5-90)	speech	2,000.00	
Rockwell (1-16-90)	speech	2,000.00	
Arco (1-23-90)	speech	2,000.00	
IMO "VARO Inc." Garland, Texas (1-30-90)	speech	1,000.00	
Northrop (1-31-90)	speech	2,000.00	
Textron (1-31-90) (Bell Helicopter)	speech	2,000.00	
Harris Corporation (2-5-90)	speech	1,000.00	
E-Systems (2-5-90)	speech	1,500.00	
U.S. Telephone Assoc.(2-13-90)	speech	1,000.00	
LTV (2-22-90)	speech	2,000.00	
Ashlund Oil, Inc. (3-12-90)	speech	2,000.00	
Sikorsky Aircraft (United Tech) (4-2-90)	speech	1,000.00	
Maritrans Operating Partners L.P. (4-26-90)	speech	1,000.00	
DRS (5-16-90)	speech	2,000.00	
AT&T (D.C.) (5-23-90)	speech	2,000.00	
Preston Gates Ellis & Rouvelas Meeds (6-20-90)	speech	1,000.00	X
American Institute of Marine Underwriters (8-3-90)	speech	2,000.00	X
BP America, Inc. (12-28-90)	speech	2,000.00	X

Reporting Individual's Name
Robert W. Davis

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Michigan Legislative Retirement																		Pension						X				

For additional assets and unearned income, use next page

Reporting Individual's Name
Robert W. Davis

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright Patman Federal Credit Union	personal loan	X						
	State Bank of Escanaba	personal loan		X					
	Dykema Gossett	legal fees		X					

Reporting Individual's Name
Robert W. Davis

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 16.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
see following page				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Part VII -Reimbursements

SOURCE	DATES	BRIEF DESCRIPTION
Maritrans	4/11-4/15	Roundtrip air D.C/Orlando 2 nights lodging
Marine Engineers Beneficial Assoc.	12/26-12/29	Roundtrip air D.C./Ft. Lauderdale 2 nights lodging
Rockwell	1/1-1/5	1/3 Roundtrip air D.C./Los Angelos 1 night lodging
Northrop	1/1-1/5	1/3 Roundtrip air D.C./Los Angelos 1 night lodging
Arco	1/1-1/5	1/3 Roundtrip air D.C./Los Angelos 1 night lodging
U.S. Telephone Assoc.	1/11-1/12	Air FR:Green Bay to Palm Springs Air FR:Palm Springs to D.C. 1 night lodging
VARO	1/17-1/18	1/4 Roundtrip air D.C./Dallas 1/4 meals/lodging for 2 nights
Bell Helicopter	1/17-1/18	1/4 Roundtrip air D.C./Dallas 1/4 meals/lodging for 2 nights
E-Systems	1/17-1/18	1/4 Roundtrip air D.C./Dallas 1/4 meals/lodging for 2 nights
LTV	1/17-1/18	1/4 Roundtrip air D.C./ Dallas 1/4 meals/lodging for 2 nights
Harris Corporation	1/31-2/2	Roundtrip air D.C./Melbourne,FLA 2 nights lodging
Sikorsky Aircraft	3/26	Roundtrip air D.C./LaGuardia 1 meal
Maritrans Operating Partners L.P.	4/11-4/13	Roundtrip air D.C./ Orlando 2 nights lodging
Marquardt	1/4	1 meal

Reporting Individual's Name
Robert W. Davis

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Robert W. Davis

DATE (Month, Day, Year)
5/15/91

GPO 1001 37-500 (m)

1991 MAY -8 AM 7:46
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

Peter A. DeFazio
(Full Name)

1233 LHOB Washington D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: OR District: 4	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Public Power Assoc, Denver (6/11/90) (6/12/90)	Speech, honoraria	1,000	
	American Assn. of Railroads Los Angeles (6/15/90-6/17/90)	Speech, Seminar, honoraria	1,000	
	National Hydropower Assn Wash. D.C. (7/17/90)	Speech, honoraria	1,000	
	American Medical Assn Naples Fla 3/15/90-3/17/90	Seminar, Workshop, honoraria	1,000	
	City of Eugene Oregon	Spouse Salary	N.A	
	U.S. Govt	Self Salary	N.A.	

For additional earned income, use next page

Reporting Individual's Name
DeFazio

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	1934 Walnut Grove Decatur Ill, J. Jackson Escrow, Soy Capital Bank			X													Land Sale Contract			X							
JT	Tree Farm, 155 Acres, Partnership, Bear Valley Farms, ½ interest, Tax Lot			X														X									
	413271530, Seneca, Grant Cty OR.																										
S	VALIC, Deferred compensation Acct		X										X				Tax Deferred Accumulation	X									
[illegible]	FORS, Deferred Compensation Acct			X									X				Tax Deferred Accumulation	X									
[illegible]	Selco CU, IRA		X										X				Tax Deferred Accumulation	X									

For additional assets and unearned income, use next page

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Reporting Individual's Name
DeFazio

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	MARY GREEN, c/o LAND TITLE & ESCROW, John Day, OR.	LAND SALE CONTRACT BEAR KNOTT FARMS	X						

Reporting Individual's Name
DeFazio

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Public Power Assn.		June 11-12, 90	ONE WAY AIRFARE PORTLAND, DENVER, DULLES; ONE NIGHT LODGING, DENVER; DINNER	
Assoc. of American Railroads		June 15-18, 90	RT AIRFARE DULLES - LA, 3 NIGHTS LODGING, MEALS, CAB FARE	
American Medical Assn		MARCH 15-18, 90	RT. AIRFARE NAPLES FLA, CAB, MEALS, 3 NIGHTS LODGING	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DeFazio

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
PARTNER	Bear Valley Farms

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL
Peter A DeFazio

DATE (Month, Day, Year)
7 May 91

GPO 1991 37-580 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

[illegible] MAY 15 [illegible]

HAND DELIVERED

E (Kika) de la Garza
Full Name

1401 Longworth House Office Building
Washington, D.C. 20515
Mailing Address

Filer Status	☒ Member of the U.S. House of Representatives	State: Texas District: 15th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. In addition, list payments made or directed to charity in lieu of honoraria. (A separate schedule listing the charities receiving payments (on or after January 1, 1991) must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$500	
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Farmers Organization (16 Feb 1990)	Speech	$1000	
	[illegible] (16 Feb 1990)	Speech	2000	
	Louisiana Rice Growers Association (17 Feb 1990)	Speech	1500	
	Rice Millers Association ([illegible] Mar 1990)	Speech	2000	
	Philip Morris Companies, Inc ([illegible] Feb 1990)	Speech	2000	
	Oregon Feed, Seed, Grain & Suppliers Assn ([illegible] Mar 1990)	Speech	2000	
	Lesher & Russell, Inc (12 Mar 1990)	Speech	2000	
	International Sweetner Colloquim (2 Apr 1990)	Speech	2000	
	Texas Rural Water Association (2 Apr 1990)	Speech	1000	

For additional earned income, use next page

Reporting Individual's Name

E (Kika) de la Garza

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Chemical Specialties Manufacturing Assn (2 Apr 1990)	Speech	1000	
Michigan Farm Bureau (2 Apr 1990)	Speech	2000	
Champaign Chamber of Commerce (14 Apr 1990)	Speech	1000	
National Grain & Feed Association (18 Apr 1990)	Speech	2000	
American Meat Institute (28 Jun 1990)	Speech	2000	
International Ice Cream Association (5 July 1990)	Speech	1000	
Hawaiian Sugar Planters Assn (29 Aug 1990)	Speech	2000	X (150.)
Amstar Sugar Corporation (21 Sept 1990)	Speech	2000	X
Hopkins & Sutter (28 Sept 1990)	Speech	2000	X
National Milk Producers Federation (21 Dec 1990)	Speech	2000	X
World Pork Expo (23 Oct 1990)	Speech	2000	X
Hopkins & Sutter (19 Dec 1990)	Speech	2000	X

Reporting Individual's Name

E (Kika) de la Garza

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X) A None (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S. DC JT	Examples	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Wright Patman Federal Credit Union		X										X						X								
			IRA - Washington Federal		X										X						X								
			County & Municipal Employees Credit Un		X										X						X								
			New York Life		X										X						X								
			Texas Regional BancShares			X																							

For additional assets and unearned income, use next page

Reporting Individual's Name

E (Kika) de la Garza

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI–TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Iowa Corn Growers	1/18/90	Airfare Washington, D C - Des Moines -Las Vegas	
Oregon Feed,Seed,Grain & Suppliers	3/9-3/11	Airfare Wash. D C - Portland/2 nights lodging & food	
National Potato Council	1/19-1/20	Airfare San Antonio - Wash. D C/1 night lodging	
Texas Rural Water Association	3/16-3/17	Airfare Wash. D C - San Antonio/1 night lodging	
National Milk Producers	11/27	Airfare Dallas - Nashville - Washington, D C	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD,

E (KIKA) DE LA GARZA

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
South Texas Cotton & Grain Assn		2/1	Airfare Washington, D C - Corpus Christi	
Montana Farm Forum		2/10-2/11	Airfare Boston - Great Falls,Montana / 1 night lodging	
National Grain Sorghum		2/12-2/13	Airfare Great Falls, Montana - Corpus Christi/1 night lodging	
Louisiana Rice Growers		2/13	Airfare Corpus Christi - Lafayette, LA - McAllen,Tx	
International Sweetner Colloquium		2/26-2/27	Airfare Ft Lauderdale - Washington, D C/1 night lodging	
Menomonie Chamber of Commerce		3/12	Airfare Portland - Minneapolis - Washington, D C	
Champaign-Urbana Chamber of Commerce		3/19	Airfare McAllen, TX - Champaign, Ill - Washington, D C	
Citizens Network For Foreign Affairs & Food		6/28-6/30	Airfare Washington, D C - San Diego, CA -McAllen, Tx/2 nights food and lodging	
DNC Non Federal Individual Account		8/27	Roundtrip Airfare Washington, D C - Nantucket	
Amstar Sugar Corp		9/13	Roundtrip Airfare Washington, D C - New York	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

E (Kika) de la Garza

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☒	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1991

ATTACHMENTS: BASIS OF VALUATION

Political Properties General Partnership

D.C. Assessed Value = $690,000; 30% share = $207,000

Colonial Executive Limited Partnership
Letter from attorney setting out
outstanding mortgage and resale value;
net value = 0

Greenberg-Lake, Inc.
Shares value based on net
book value of corporation
at 12/31/90.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 2:01
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

ROSA L. DeLAURO
(Full Name)

49 HUNTINGTON STREET
(Mailing Address)

NEW HAVEN, CONNECTICUT 06511

Filer Status	☒ Member of the U.S. House of Representatives	State: CT District: 03	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$600	
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Greenberg-Lake: The Analysis Group, Inc.	Spouse Salary	NA	
	Yale University Press	Spouse: royalties	$ 203.00	
	American Prospect	Spouse: royalties	$ 750.00	
	Rose Communication	Spouse: honoraria	$1,000.00	

For additional earned income, use next page

Reporting Individual's Name

ROSA L. DeLAURO

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	515 2nd St., N.E., Washington, DC																										
	Political Properties General Partnership; own 30%					X				See Attmt		X					Rental Income to partnership Not DeLauro						X				
JT	Horizon Towers & Executive House (½ share)																										
	New Haven-124 units - 5 acres Colonial Executive Limited Partnership	X								See Attmt								X									
S	Greenberg-Lake, Inc. (150 shares) 515 2nd St., N.E., Washington, D.C.				X					See Attmt																	
	TIAA Pension Plan			X														X									

For additional assets and unearned income, use next page

Reporting Individual's Name

ROSA L. DeLAURO

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	TIAA - PENSION PLAN			X														X									
S	Greenberg-Lake: Profit Sharing Plan	X																									
	Following assets in joint name with Louisa DeLauro, my mother, for estate planning purposes only. Assets under control of and all income is reported by joint tenant, Louisa DeLauro.																										
	1. Savings Account-New Haven Savings Bank			X									X							X							
	2. Franklin Federal Tax Free Income Fund.		X								X								X								
	3. Dryfus Capital Value Fund		X								X			X					X								

Reporting Individual's Name

ROSA L. DeLAURO

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Madison National Bank	Mortgage on rental property: 515 2nd St.,NE, Washington,D.C.				X			
S	Douglas Sosnik	personal loan ($16,000)		X					

Financial Disclosure A-3

Reporting Individual's Name

ROSA L. DeLAURO

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

ROSA L. DeLAURO

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature. NONE ☐

Positions	Name of Organization
Fellow	Timothy Dwight College, Yale University
Co-Chair	Pax Americas

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23. NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Rosa L. DeLauro	May 13, 1991

GPO: 1991 37-088 (m)

ROSA L. DeLAURO

ATTACHMENTS: BASIS OF VALUATION

Political Properties General Partnership

D.C. Assessed Value = $690,000; 30% share = $207,000
No net income

Colonial Executive Limited Partnership (ownership share= 1.2375%)

Assessed value $1,375,000 x .012375 share = $17,016 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

Greenberg-Lake, Inc.

Shares value based on net book value of corporation at 12/31/90

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990	FORM A For use by Members, officers, and employees

ROSA L. DeLAURO
(Full Name)
49 HUNTINGTON STREET
(Mailing Address)
NEW HAVEN, CONNECTICUT 06511

Filer Status: ☒ Member of the U.S. House of Representatives State: CT District: 3RD ☐ Officer or Employee Employing Office:

Report Type: ☐ Annual (May 15) ☒ Amendment ☐ Termination Termination Date:

[illegible] JUN 13 AM 10 43
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC ✓
(4)
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$800	
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Greenberg-Lake: The Analysis Group, Inc.	Spouse Salary	NA	
	Yale University Press	Spouse: royalties	$ 203	
	American Prospect	Spouse: royalties	$ 750	
	Rose Communication	Spouse: honoraria	$1,000	

For additional earned income, use next page

Reporting Individual's Name
ROSA L. DeLAURO

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	515 2nd St.,NE, Washington, D.C. Political Properties General Partnership; own 30%					X				See Attmt		X					Rental Income to partnership not DeLauro						X				
JT	Horizon Towers & Executive House (½ of 1 share; own 1.2375 percent) New Haven-124 units-5 acres Colonial Executive Lmtd Partnership			X						See Attmt							None	X									
S	Greenberg-Lake,Inc. (150 shares) 515 2nd St.,NE, Washington, D.C.				X					See Attmt							None	X									
	TIAA Pension Plan			X														X									

For additional assets and unearned income, use next page

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Rosa L DeLauro

DATE (Month, Day, Year)
6/12/91

GPO: 1991 37-088 (m)

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U.S. HOUSE OF REPRESENTATIVES

MAY 15 1991

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Thomas Dale DeLay (Full Name)

308 Cannon House Office Building (Mailing Address)

Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives State: Texas District: 22nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$500	
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Chicago Mercantile Exchange (Jan. 8, 1990)	Speech	750.00	
	Chicago Board of Trade (Jan. 8, 1990)	Speech	750.00	
	Phillip Morris Management Corp. (Jan. 10, 1990)	Speech	1000.00	
	National Assoc. of Broadcasters (Jan. 13, 1990)	Speech	2000.00	
	The Keystone (Jan. 16, 1990)	Speech	500.00	
	The Tobacco Institute (Jan. 18, 1990)	Speech	2000.00	
	Smokeless Tobacco Council (March 8, 1990)	Speech	1000.00	
	RJR Nabisco (March 13, 1990)	Speech	2000.00	
	Assoc. General Contractors (March 15, 1990)	Speech	2000.00	
	RBC Assoc., INC.	Speech	2000.00	

For additional earned income, use next page

Reporting Individual's Name
Cong. Tom D. DeLay

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Pfizer Inc. (March 19, 1990)	Speech	1000.00	
Edison Electric Institute (April 18, 1990)	Speech	250.00	
National Coal Assoc. (May 4, 1990)	Speech	500.00	
Massachusetts Mutual Life Insurance Co. (May 7, 1990)	Speech	2000.00	
Trammell Crow Assoc. (May 7, 1990)	Speech	2000.00	
Bell Helicopter - Textron (May 14, 1990)	Speech	2000.00	
NFIB (June 5, 1990)	Speech	1000.00	
American Trucking Assoc. (June 14, 1990)	Speech	1000.00	
National Assoc. of Realtors (June 17, 1990)	Speech	2000.00	
NAWGA (June 26, 1990)	Speech	1000.00	
American Nuclear Energy Council (July 26, 1990)	Speech	300.00	(200.00)
Conference on China Democratization & Reunification (9-2-90)	Speech	1000.00	X
Houston Lighting & Power (Nov. 7, 1990)	Speech	1000.00	X
Houston Business Roundtable (Nov. 11, 1990)	Speech	1000.00	X
BP America (Nov. 12, 1990)	Speech	2000.00	X
National American Wholesale Grocers Assoc. (Nov. 29, 1990)	Speech	1000.00	X
Fairfax County Board of Education	Spouse Salary	N/A	

Reporting Individual's Name

Cong. Tom D. DeLay

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
			none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		Exxon			X							X									X							
		Albo Pest Control					X					X							X									

For additional assets and unearned income, use next page

Page ____ of ____

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT

Thomas Dale DeLay
(Name)

Continuation Sheet

Part VII	*Source, Type, Amount, Category, Description or Value (As Applicable)*	
1-8-90	Chicago Mercantile Exchange	Speech, food, airfare from DC to Chicago, Illinois
1-8-90	Chicago Board of Trade	Speech, food, airfare from Chicago, Illinois to DC
1-13-90 1-15-90	National Assoc. of Broadcasters	Speech, lodging, food, 3 days, Spouse, airfare from DC to Palm Springs, CA
1-16-90 1-18-90	The Keystone	Speech, lodging, food 3 days, spouse Palm Springs, CA
1-18-90 1-20-90	The Tobacco Institute	Speech, food, lodging 3 days, spouse airfare from Palm Springs, CA To DC
3-15-90	Associated General Contractors	Speech, food, airfare from DC to San Fransisco, CA to Dallas, Texas
3-16-90	RBC Assoc., Inc.	Speech, lodging, food 1 way airfare from Dallas Texas to DC
3-19-90	Pfizer Inc.	Speech, food, round trip airfare from DC to Chicago Illinois
5-7-90	Massachusetts Mutual Life Insurance Co.	Speech, food, 1 way airfare from DC to Dallas, Texas
5-7-90	Trammell Crow Assoc.	Speech, food, 1 way airfare from Dallas, Texas to DC
5-14-90	Bell Helicopter - Textron	Speech, food, lodging roundtrip airfare from DC to Dallas, Texas
6-5-90	NFIB	Speech, food, roundtrip airfare from DC to Little Rock, Ark.
2-22-90	The Congressional Institute	Food, lodging roundtrip airfare from DC to Princeton, NJ
8-24-90 8-25-90	Danny Thompson Charity Tournament	Food, lodging, roundtrip airfare from DC to Sun Valley, Idaho

Reporting Individual's Name

Cong. Tom DeLay

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Cong. Tom D. DeLay

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Golf Tournament	Golf items as participant in Charity Golf Tournament	$200
Danny Thompson Golf Tournement	Golf items as participant in Charity Golf Tournament	$170

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Continuation Sheet			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Cong. Tom D. DeLay

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chairman of the Board	Albo Pest Control (Not Compensated in 1990 or 1991)
Chairman of the Board	People Restoring an Internationally Competitive Economy (Non-Profit)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

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TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

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SIGNATURE OF REPORTING INDIVIDUAL

Thomas D. DeLay

DATE (Month, Day, Year)

May 15, 1991

GPO: 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:29
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

RONALD V. DELLUMS
(Full Name)

2136 RAYBURN BLDG
WASHINGTON D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 8th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$500	
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	MLK BANQUET, CORPUS CHRISTIE TX 1/12/90	SPEECH	1,500	
	WASHINGTON UNIV., ST. LOUIS MO 2/24/90	SPEECH	2,000	
	GRAPHIC COMMUNICATIONS WORKERS UNION D.C. 2/26/90	SPEECH	1,000	
	HOWARD COUNTY COMMUNITY COLLEGE M.D. 2/26/90	SPEECH	1,000	
	CHENEY STATE UNIV., P.A. 3/10/90	SPEECH	2,000	
	NEWS DAY 4/15/90	ARTICLE	100.00	
	BLACKS IN GOVERNMENT, SEATTLE WASHINGTON 5/25/90	SPEECH	1,500	
	N.W. LABOR EMPLOYMENT LAW OFC. Seattle WA 6/30/90	SPEECH	1,000	
	N.J. STATE SEN. LIPMAN DINNER NEWARK NJ 11/11/90	SPEECH	1,500	
	THE TIMES MIRROR 11/05/90	ARTICLE	250.00	

For additional earned income, use next page

Reporting Individual's Name
RONALD V. DELLUMS

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (If needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
WASHINGTON POST 4/26/90	ARTICLE	200.00	
ASSEMBLY, STATE OF CALIFORNIA	SPOUSE SALARY	N/A	

Reporting Individual's Name
RONALD V. DELLUMS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse: any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A–3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
				Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
RONALD V. DELLUMS

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
RONALD V. DELLUMS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
MLK BANQUET, CORPUS CHRISTIE		1/12/90	roundtrip air washington to corpus christie lnite lodging	
WASHINGTON UNIV ST LOUIS MO		2/24/90	roundtrip air D.C. to St. Louis MO 1 nite lodging	
CHENEY STATE UNIV PA		3/10/90	roundtrip train D.C. to Wilmington Del lnite lodging	
Blacks In Govt. Seattle WA		5/25/90	roundtrip air D.C. Seattle 1 nite lodging	
NW LABOR EMPLOYMT LAW SEATTLE WA		6/30/90	roundtrip air San Francisco Seattle 1 nite lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

RONALD V. DELLUMS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NJ STATE SEN LIPMAN DINNER		11/11/90	roundtrip air D.C. Newark NJ 1 nite lodging	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
RONALD V. DELLUMS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Ronald V. Dellums

DATE (Month, Day, Year)
May 15, 1991

GPO: 1991 27-086 (H)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 4:37
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Ron de Lugo
(Full Name)

2238 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ xx Member of the U.S. House of Representatives — State: Virgin Islands District: At Large	☐ Officer or Employee	Employing Office:
Report Type	☒ xx Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒ xx

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$500	
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Ron de Lugo

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	~~Apartment, St. Thomas, V.I.~~			X								X											X				
	Apartment, Silver Spring, Md.			X								X									X						
	Fortuna Bay Estates, Inc. Stock		X								X							X									
	Fortuna Bay Estates, Inc.(Land)					X								X				X									
	Estate Fortuna # 3 5A/C				X									X				X									
	Fortuna Bay Estates, Inc A/C REC					X								X				X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Ron de Lugo

S, DC, JT	BLOCK A Asset and/or Income Source — Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Estate Fortuna Parcel #4-1-60 (sec. A) Land			x										x				x									
	Vanguard Prime Portfolio		x								x									x							
	Chevy Chase Savings & Loan		x										x					x									Closed
	Vista Federal Savings Bank		x										x					x									Closed
	Strong Money Market (IRA)	x											x					x									Closed
	Strong		x										x					x									
	Wright Patman CFCU		x										x					x									
	Dyco Petroleum	x									x							x									
	Ottley Communicatins		x								x											x					
	Maximum Savings (CD)		x																								Closed
	Linder Fund (IRA)			x									x							x							
	Est. La Reine (Land)			x									x					x									

Financial Disclosure A-2(a)

Reporting Individual's Name

Ron de Lugo

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Maximum Savings (C.D.)		x		03-26-90	x						
	Chevy Chase Savings & Loan		x			x						
	Vista Federal Savings Bank		x		02-06-90	x						
	Strong Money Market (IRA)		x			x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Starr Mortgage, 1st American Bank,	Mortgage on Apratment							
	Silver Spring, Md.	Silver Spring, Md.		X					

Reporting Individual's Name
Ron de Lugo

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Mortos and the Assoc. For Public Broadcasts	Civil War Tape Saga - The Final Chapter	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒ xx

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Ron de Lugo

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Vice President	Fortune Bay Estates, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE xx

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: de Lugo

DATE (Month, Day, Year): May 15 1991

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK OF RECORDS & REGISTRATION
1991 MAY 24 PM 1:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1991 MAY 15 PM 4:37
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Ron de Lugo
(Full Name)

2238 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: Virgin Islands District: At Large	☐ Officer or Employee	Employing Office: INSIDE MAIL ✓
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination	Termination Date:

MC (6)
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate con- fidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$500	
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

Ron de Lugo

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Apartment, 4d2 St . Joseph & Rosehdahl, St. Thomas, V.I. 00801			X								X											X				
	Apartment, 922 24th St., N.W. Washington, D.C. 20037			X								X									X						
	Fortuna Bay Estates, Inc. Stock		X								X							X									-
	Fortuna Bay Estates, Inc. Land					X								X				X									
	Estate Fortuna # 3 5A/C				X									X				X									
	Fortuna Bay Estates, Inc. A/C Rec					X								X				X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Ron de Lugo

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Estate Fortuna Parcel #4-1-60 (sec. A) Land			x										x				x									
	Vanguard Prime Portfolio		x								x									x							
	Chevy Chase Savings & Loan		x										x					x									Closed
	Vista Federal Savings Bank		x										x					x									Closed
	Strong Money Market (IRA)	x											x					x									Closed
	Strong		x										x					x									
	Wright Patman CFCU		x										x					x									
	Dyco Petroleum	x									x							x									
	Ottley Communicatins		x								x											x					
	Maximum Savings (CD)		x										x					x									Closed
	Linder Fund (IRA)			x									x							x							
	Est. La Reine (Land)			x									x					x									

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Reporting Individual's Name
Ron de Lugo

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	x			10-12-90			x				
	Maximum Savings (C.D.)		x		03-26-90	x						
	Chevy Chase Savings & Loan		x			x						
	Vista Federal Savings Bank		x		02-06-90	x						
	Strong Money Market (IRA)		x			x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				x			
	Starr Mortgage, 1st American Bank, Silver Spring, Md.	Mortgage on Apratment Silver Spring, Md.		x					

Reporting Individual's Name

Ron de Lugo

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Mortos and the Assoc.	Civil War Tape Saga - The Final Chapter	$200.00
For Public Broadcasts		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE xx

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Ron de Lugo

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature. NONE ☐

Positions	Name of Organization
Vice President	Fortune Bay Estates, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23. NONE ☒ xx

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15 1991

GPO 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4: 35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

BUTLER C. DERRICK, JR.
(Full Name)

201 CANNON HOUSE OFFICE BUILDING, WASHINGTON, DC 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: SC District: 3RD ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

MC (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$500	
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Connell Rice and Sugar Co., Inc. (1/22/90)	Speech	$2,000	
	Southern Bell (2/14/90)	Speech	$2,000	
	Interstate Natural Gas Association of America (2/22/90)	Speech	$2,000	
	American Maritime Officers Service (2/21/90)	Speech	$2,000	X
	The Washington Caucus (2/28/90)	Speech	$500	
	Chicago Mercantile Exchange (3/27/90)	Speech	$1,500	X
	Chicago Board of Trade (3/27/90)	Speech	$1,500	X
	Philip Morris (4/27/90)	Speech	$1,000	X
	RJR Nabisco (5/24/90)	Speech	$2,000	X
	Jackson County Democratic Committee (6/10/90)	Speech	$1,000	
	Political Participation Project (6/19/90)	Speech	$2,000	
	Congressional Quarterly, Inc. (6/11/90)	Speech	$300	
	Security Industries Association, Inc. (6/19/90)	Speech	$2,000	
	Matthew Thorton Society (6/26/90)	Speech	$1,000	
	American Bankers Association (6/21/90)	Speech	$2,000	
	Waste Management, Inc. (7/9/90)	Speech	$2,000	
	Fiber Fabric Apparel Coalition on Trade (7/18/90)	Speech	$2,000	
	Kirkland Estate (1/2/90)	Administrator's Fee	$8,201.93	X (151.93)
	Beverly Derrick, spouse, self employed artist	Artist fees		

For additional earned income, use next page

Financial Disclosure A-1

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Reporting Individual's Name

BUTLER C. DERRICK, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	-The Blocker House, Hwy 25, Edgefield, (farmland acreage & dwelling)					X						X							X								
	-Dwelling and Acreage, Martin Town Road, Edgefield, SC					X								X										X			X
	-Business Development Corp., Edgefield, SC (bonds)	X																X									
	-Douglas and Chamberlain Corp., 5% of equity interest in the Douglas and Chamberlain Corp., whose assets consisted of contributions from the share holders. The sole purpose of the Corporation was to purchase one piece of real property, Pierre Island, Bahamas			X														X									

For additional assets and unearned income, see next page

Reporting Individual's Name

BUTLER C. DERRICK, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Dwelling and Acreage, Martintown Road, Edgefield, SC		X		9-1-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	County Bank, Greenwood, SC	Personal unsecured note		X					
	South Carolina National Bank	Mortgage on The Blocker House, Hwy 25, Edgefield, SC		X					
	Georgia Federal Savings and Loan	Mortgage on The Blocker House, Hwy 25, Edgefield, SC			X				

Reporting Individual's Name

BUTLER C. DERRICK, JR.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Connell Rice and Sugar Co., Inc.	Jan 22, 1991	Travel to New York and Return, Lodging/Meals (self and spouse)	
Chicago Mercantile Exchange	Mar 25-26, 1991	Travel to Chicago and Return, Lodging/Meals (self and spouse)	
New York Stock Exchange	April 2, 1991	Lodging/Meals	
Jackson County Democratic Party	June 9-10, 1991	Travel to Kansas City and Return, Lodging/Meals	
Waste Management, Inc.	July 8-9, 1991	Travel to Chicago, Lodging/Meals (self and spouse)	
Cooper Communities, Inc.	July 13, 1990	Travel to Greenwood, SC	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BUTLER C. DERRICK, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature. NONE ☐

Positions	Name of Organization
Director	Douglas and Chamberlain Corporation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23. NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 18.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/91

GPO: 1991 37-

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 30 11: 21

HAND DELIVERED

MC (Office Use Only) ⑤

BUTLER C. DERRICK, JR.
(Full Name)

201 CANNON HOUSE OFFICE BUILDING, WASHINGTON, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: SC District: 3RD	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Connell Rice and Sugar Co., Inc. (1/22/90)	Speech	$2,000	
	Southern Bell (2/14/90)	Speech	$2,000	
	Interstate Natural Gas Association of America (2/22/90)	Speech	$2,000	
	American Maritime Officers Service (2/21/90)	Speech	$2,000	X
	The Washington Caucus (2/28/90)	Speech	$500	
	Chicago Mercantile Exchange (3/27/90)	Speech	$1,500	X
	Chicago Board of Trade (3/27/90)	Speech	$1,500	X
	Philip Morris (4/27/90)	Speech	$1,000	X
	RJR Nabisco (5/24/90)	Speech	$2,000	X
	Jackson County Democratic Committee (6/10/90)	Speech	$1,000	
	Political Participation Project (6/19/90)	Speech	$2,000	
	Congressional Quarterly, Inc. (6/11/90)	Speech	$300	
	Security Industries Association, Inc. (6/19/90)	Speech	$2,000	
	Matthew Thorton Society (6/26/90)	Speech	$1,000	
	American Bankers Association (6/21/90)	Speech	$2,000	
	Waste Management, Inc. (7/9/90)	Speech	$2,000	
	Fiber Fabric Apparel Coalition on Trade (7/18/90)	Speech	$2,000	
	Kirkland Estate (1/2/90)	Administrator's Fee	$8,201.93	X (151.93)
	Beverly Derrick, spouse, self employed artist	Artist fees		

For additional earned income, use next page

Reporting Individual's Name
BUTLER C. DERRICK, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Example: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	-The Blocker House, Hwy 25, Edgefield, (farmland acreage & dwelling)					X						X							X								
	-Dwelling and Acreage, Martin Town Road, Edgefield, SC					X								X										X			X
	-Business Development Corp., Edgefield, SC (bonds)	X																X									
	-Douglas and Chamberlain Corp., 5% of equity interest in the Douglas and Chamberlain Corp., whose assets consisted of contributions from t he share holders. The sole purpose of the Corporation was to purchase one piece of real property, Pierre Island, Bahamas			X														X									

For additional assets and unearned income, see next page

Reporting Individual's Name

BUTLER C. DERRICK, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Dwelling and Acreage, Martintown Road, Edgefield, SC		X		9-1-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	County Bank, Greenwood, SC	Personal unsecured note		X					
	South Carolina National Bank	Mortgage on The Blocker House, Hwy 25, Edgefield, SC		X					
	Georgia Federal Savings and Loan	Mortgage on The Blocker House, Hwy 25, Edgefield, SC			X				

PART VI–TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

BUTLER C. DERRICK, JR.

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	Connell Rice and Sugar Co., Inc.	Jan 22, 1990	Travel to New York and Return	
	Chicago Mercantile Exchange	Mar 25-26, 1990	Travel to Chicago and Return, Lodging/Meals (self and spouse)	
	New York Stock Exchange	April 2, 1990	Lodging/Meals	
	Jackson County Democratic Party	June 9-10, 1990	Travel to Kansas City and Return, Lodging/Meals	
	Waste Management, Inc.	July 8-9, 1990	Travel to Chicago, Lodging/Meals (self and spouse)	
	Cooper Communities, Inc.	July 13, 1990	Travel to Greenwood, SC, (one way airfare), no meals for speech	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BUTLER C. DERRICK, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Douglas and Chamberlain Corporation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) 5/30/91

GPO: 1991 37-

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 AM 10:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

William L. Dickinson
(Full Name)

2406 Rayburn House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: Alabama District: 2nd ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Morton Thiokol, Inc. 1/16/90	Speech	$ 2,000	
	Rockwell International 1/17/90	Speech	$ 2,000	
	TRW, Inc. 1/18/90	Speech	$ 2,000	
	The Marquardt Company 1/19/90	Speech	$ 2,000	
	Northrop Corporation 1/20/90	Speech	$ 2,000	
	AVCO Corporation 2/09/90	Speech	$ 2,000	
	Raytheon Company 2/09/90	Speech	$ 2,000	
	Institute for Foreign Policy Analysis, Inc. 3/29/90	Speech	$ 250	
	Varo, Inc. 3/30/90	Speech	$ 2,000	
	Texas Instruments Incorporated 3/30/90	Speech	$ 2,000	

For additional earned income, use next page

Attachment #1

WILLIAM L. DICKINSON, MEMBER OF CONGRESS
(2nd District, Alabama)
ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR 1990

Part IV - Transactions:

Identification of Assets	Purchase Sale Exchange	Date	Amount of Transaction
Kemper Money Market Keogh HR-10 Plan 001 1989 Contribution	Purchase	4-12-90	B
Kemper Money Market Keogh HR-10 Plan 001 Redeemed	Sale	11-19-90	B
Prime Cash Series Money Market, Keogh HR-10 Plan 001	Purchase	11-20-90	B
Prime Cash Series Money Market, Keogh HR-10 Plan 002	Purchase	11-20-90	B
Kemper Money Market Keogh HR-10 Plan 002 Redeemed	Sale	11-19-90	B
Kemper CEF Government Securities Portfolio Money Market Account	Purchase	05-04-90	B
Kemper CEF Government Securities Portfolio Money Market Account-Redeemed	Sale	10-30-90	B
Kemper CEF Government Securities Portfolio Money Market Account-Redeemed	Sale	11-19-90	B
Government Cash Series Money Market Account	Purchase	11-20-90	B
IBM, Common Stock	Sale	01-22-90	B
Thiokol Corp. Delaware, Common Stock	Purchase	01-22-90	B
Thiokol Corp. Delaware, Common Stock	Sale	04-26-90	B
Russell Corporation, Common Stock	Purchase	10-23-90	B

Reporting Individual's Name

William L. Dickinson

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
E-Systems, Inc.	3/30/90	Speech	$ 2,000	
Clemson University	7/19/90	Speech	$ 200	
Philip Morris Management Corp.	8/02/90	Speech	$ 1,000	
John E. Campbell, Inc.	9/20/90	Speech	$ 1,000	
The Brookings Institution	9/25/90	Speech	$ 400	
Lycoming Division of Textron	11/16/90	Speech	$ 2,000	
Hughes Aircraft Company	12/06/90	Speech	$ 2,000	
Spouse-Self Employed-				
Owner of Clothing Boutique				

Reporting Individual's Name
William L. Dickinson

PARTS II and III–ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			National Health Care, Common Stk.	X									X							X									
			Superior Marketing Research, Common Stock		X								X							X									
			American Educ. Fin. Corporation, Common Stock		X								X							X									
			First American Bank, IRA		X									X							X								
			Sterne, Agee & Leach, Inc., Keogh HR-10, Plan 001, Cash Account	X											X					X									
			Nova Corporation of Alberta, Keogh HR-10 Plan 001		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William L. Dickinson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Kemper Money Market- Keogh HR-10 Plan 001		X								X								X								X
	Secor Bank Federal Savings, Common Stk, Keogh HR-10 Plan 002		X								X							X									
	Kemper Money Market Account, Keogh HR-10 Plan 002		X								X							X									X
	Comptronix Corporation, Common Stock		X								X							X									
	CCair, Inc., Common Stock	X									X							X									
	IBM, Common Stock		X								X							X									X
	Pollux Corporation, Preferred Common Stock			X							X							X									
	Prime Cash Series, Money Market Keogh HR-10 Plan 001		X								X							X									X
	Prime Cash Series, Money Market Keogh HR-10 Plan 002		X								X							X									X
	Kemper CEF Govt. Securities Portfolio-Money Market		X								X								X								X
	Thiokol Corp. - Delaware Common Stock		X								X							X									X
	Russell Corporation, Common Stock		X								X							X									X
	Government Cash Series, Money Market		X								X							X									X
	Trust Agreement w/ Bankruptcy Estate of Steven E. Streit Note 1	X												X					X								X
	1/3 Interest in Montgomery Investment Club - Note 1	X												X				X									

Note 1: The Underlying Assets of these Trusts are in receivership.

Reporting Individual's Name
William L. Dickinson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See Attachment #1											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	AmSouth Bank, N.A. Montgomery, AL	Business Loan for Spouse's Bus.		X					
	Ben Collier	Business-Contingent Liability with Montgomery Joint Venture pursuant to Joint Venture agreement.	X						

Reporting Individual's Name
William L. Dickinson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See Attachment #2				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

William L. Dickinson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

Wm L Dickinson

SIGNATURE OF REPORTING INDIVIDUAL

5/15/91

DATE (Month, Day, Year)

GPO 1991 27-588 (m)

Attachment #2

WILLIAM L. DICKINSON, MEMBER OF CONGRESS
(2nd District, Alabama)
ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR 1990

Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment.

Source	Date(s)	Description
Morton Thiokol, Inc.	01-16-90	2 nights lodging, Huntsville, Al.
Rockwell International	01-17-90	Each paid 25 % of 3 nights lodging, meals, and airfare from Montgomery, Alabama to Los Angeles, CA to Washington, DC.
TRW, Inc.	01-18-90	
The Marquardt Company	01-19-90	
Northrop Corporation	01-20-90	
AVCO Corporation	02-09-90	Round trip airfare, Washington, DC to Boston, MA.
E-Systems, Inc.	03-30-90	Round trip airfare, Washington, DC to Dallas, TX.
Lycoming Division of Textron	11-16-90	Round trip airfare, Washington, DC to White Plains, NY and Lunch.
Hughes Aircraft Company	12-05-30 & 12-06-90	Airfare - Washington, DC to Los Angeles, CA and Hotel.

All of the above reimbursements were related to speaking engagements.

WILLIAM L. DICKINSON
3D DISTRICT, ALABAMA

WASHINGTON OFFICE:
2406 RAYBURN HOUSE OFFICE BUILDING
PHONE: AREA CODE (202) 225-2901
WASHINGTON, DC 20515

3D DISTRICT COUNTIES:
BARBOUR CRENSHAW
BULLOCK DALE
BUTLER GENEVA
COFFEE HENRY
CONECUH HOUSTON
COVINGTON MONTGOMERY
PIKE

INSIDE MAIL
Congreſs of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES:
ROOM 301 FEDERAL COURT BUILDING
15 LEE STREET
PHONE: AREA CODE (205) 223-7292
MONTGOMERY, AL 36104

FEDERAL BUILDING
100 WEST TROY STREET
PHONE: AREA CODE (205) 794-9680
DOTHAN, AL 36303

CITY HALL BUILDING
[illegible] MAIN STREET
PHONE: AREA CODE (20[illegible]3-[illegible]
[illegible] 36467

COMMITTEES:
ARMED SERVICES
HOUSE ADMINISTRATION

RECEIVED
JUN [illegible] AM 10:18
HOUSE [illegible] REPRESENTATIVES

June 6, 1991

Hon. Louis Stokes, Chairman
Committee on Standards of Official Conduct
HT-2, The Capitol
Washington, D.C. 20515

MC

①

Dear Mr. Chairman:

This is to notify you that I wish to amend my Financial Disclosure Statement. One of my trips was inadvertently omitted from the original report.

I hereby forward to the committee the following information relating to said trip:

SOURCE: The Jefferson Educational Foundation
DATES OF TRIP: 4/9/90-4/16/90

Self and spouse - round-trip air travel from Washington, D.C., to South Africa. Six days' food, lodging, and transportation.

PLEASE NOTE: April 9 and 16 were travel days.

Please let me know if you require further information relating to this trip.

Sincerely,

Wm L Dickinson
WM. L. DICKINSON

WLD/wc

cc: Office of Records and Registration

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 AM 10:48
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Norman De Volois Dicks
(Full Name)

6223 30th Street, N.W.
Washington, D.C. 20015
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: WA District: 6th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Governmen aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate co fidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduc..) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Civic Service, Inc.	Spouse Salary	NA	
	Washington, Inc. (9/18/90)	Spouse Honorarium	$ 500	
	Varo, Inc. (1/30/90)	Honorarium	$1,000	
	Texas Instruments (2/14/90)	Honorarium	2,000	
	LTV (1/23/90)	Honorarium	2,000	
	Hughes Aircraft (3/5/90)	Honorarium	2,000	
	Marquardt (2/13/90)	Honorarium	2,000	
	Alpase, Inc. (4/3/90)	Honorarium	2,000	
	TRW (4/3/90)	Honorarium	2,000	
	E-Systems (4/20/90)	Honorarium	2,000	

For additional earned income, use next page

Reporting Individual's Name
Norman D. Dicks

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Textron (5/16/90)	Honorarium	$ 2,000	
Columbia Inst. for Political Research, Inc. (6/14/90)	Honorarium	$ 2,000	
Shipbuilders Council of America (5/23/90)	Honorarium	1,000	
National Association of Broadcasters (6/26/90)	Honorarium	1,000	
Advanced Technology, Inc. (7/17/90)	Honorarium	2,000	
Northrop (9/24/90)	Honorarium	2,000	
National Forest Products, Inc. (11/30/90)	Honorarium	1,800	

Reporting Individual's Name

Norman D. Dicks

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X							X								X								X
			George Wash. Credit Union Accounts			X								X								X						
			182 Main Street, Dover, Delaware				X						X								X							
JT	Merrill Lynch Cash Management Account, Vienna, Va.				x							x								x								
JT	Merrill Lynch Municipal Bond Fund, Vienna, Va.				x							x								x								x
JT	Merrill Lynch Basic Value Fund Vienna, Va.				x							x								x								x
JT	924 Shorewood Drive, Bremerton WA.						x						x									x gross income/ net loss						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Norman D. Dicks

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Union Central Life Insurance Co. Cincinnati, O, (Annuity)		x														IRA	x									
S	Union Cental Life Insurance, Co. Cincinnati, O (Annuity)		x														IRA	x									
	Fidelity Bankers Life Insurance Co., Richmond, VA. (Annuity)		x														IRA	x									
S	Fidelity Bankers Life Insurance Co., Richmond, VA. (Annuity)		x														IRA	x									
DC	Security Pacific Bank, Seattle WA.		x										x					x									
DC	Security Pacific Bank, Seattle, WA.		x										x					x									

Reporting Individual's Name
Norman D. Dicks

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Merrill Lynch Basic Value Fund		x		1-3-90	x						
JT	Merrill Lynch Municipal Bond Fund	x			1-3-90	x						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Midlantic Home Mortgage Corp., Melville New York	mortgage on 924 Shorewood Dr., Bremerton, WA		x					
JT	U.S. Senate Employees Federal Credit Union	Home Equity Line of Credit		x					

Reporting Individual's Name
Norman D. Dicks

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Aspen Institute		Jan. 10-15, 1990	Roundtrip air travel DC-Jamaica, 5 days food & lodging self & spouse	
Varo, Inc. (also sponsored by Texas Instruments & LTV)		Jan. 18-19, 1990	Roundtrip air travel DC-Dallas, 1 day food & lodging, self only, returned 1/23 after continuing stay at own expense	
Hughes Aircraft (also sponsored by Marquardt)		Feb. 11-14, 1990	Air travel Seattle-LA-San Jose-Seattle, 3 days food & lodging, self only	
Alpase, Inc.		Feb. 19, 1990	Air travel Seattle-LA, self only, arrived 2/16, meals & lodging at own expense	
Pirelli Cable Corp.		Mar. 30-Apr. 2, 1990	Roundtrip air travel DC-Denver, 3 days food & lodging, self & son	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PART I - EARNED INCOME, INCLUDING HONORARIA John D. Dingell

Source and date received	Type	Amount	Paid to charity
American Council For Capitol Formation Center For Policy & Research (6-13-90)	Speech	2,000	
American Council of Life Insurance (8-27-90)	Speech	2,000	X
American Furniture Manufacturers Association (9-17-90)	Speech	2,000	X
American Gas Association (3-15-90)	Speech	2,000	
American Insurance Association, Inc. (5-24-90)	Speech	2,000	
American Public Transit Assn. (3-21-90)	Speech	2,000	
American Stock Exchange, Inc. (1-17-90)	Speech	1,000	
The Brookings Institution (3-8-90)	Speech	400	
Capitol Associates (10-11-90)	Speech	1,000	X
Entergy Services (1-9-90)	Speech	2,000	
Financial Services (7-20-90)	Speech	2,000	X (550 to charity)
Grocery Manufacturers of America, Inc. (12-5-90)	Speech	2,000	X
The Jefferson Group (1-10-90)	Speech	1,000	
MLR Publishing Company (12-7-90)	Speech	2,000	X
National Association of Truck Stop Operators (4-24-90)	Speech	1,000	
NBD Bank, N.A. (8-6-90)	Speech	1,000	X
Public Securities Association, Inc. (4-17-90)	Speech	2,000	
R. Duffy Wall & Associates, Inc. (6-13-90)	Speech	2,000	
The Secura Group (3-12-90)	Speech	2,000	

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PART I - EARNED INCOME, INCLUDING HONORARIA

John D. Dingell

Source and date received	Type	Amount	Paid to charity
Securities Industry Association, Inc. (4-4-90)	Speech	2,000	
Verner, Liipfert, Bernard, McPherson and Hand (11-29-90)	Speech	2,000	X
Warner Communications Inc. (5-18-90)	Speech	2,000	
Wheelabrator Technologies Inc. (3-8-90)	Speech	2,000	
(S) Convent of the Sacred Heart (6-90)	Speech	400	X
General Motors Corporation	Spouse Salary	NA	

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 1 John D. Dingell

Asset	Value	Type	Income amount	Transaction
American Express Daily Dividend Fund (IRA) (not previously required to be reported under rules)	B	MFEarnings	I	
Balcor Pension Investments VI (IRA) (not previously required to be reported under rules)	B		I	
Keogh Money Purchase Shearson Lehman Brothers (not previously required to be reported under rules)	B	Dividends MFEarnings Cap.gains	II	
Keogh Profit Sharing Shearson Lehman Brothers (not previously required to be reported under rules)	C	Dividends MFEarnings Cap.gains	II	
(S) Gabelli Value Fund Inc (IRA) (not previously required to be reported under rules)	B	Dividends	II	
Nicholas Fund, Inc. (IRA) (not previously required to be reported under rules)	C	Dividends Cap.gains	II	
(JT) Acorn Fund (Pension Plan) (not previously required to be reported under rules)	B	Dividends Cap.gains	II	
(JT) Evergreen Funds (Pension Plan) (not previously required to be reported under rules)	B	Dividends	II	

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 2 John D. Dingell

Asset	Value	Type	Income amount	Transaction
(JT) American Express Govt and Agencies Fund (Pension Plan) (not previously required to be reported under rules)	C	Dividends	III	
(JT) Alliance New Europe Fund Inc (Pension Plan) (not previously required to be reported under rules)	B	Dividends	II	Purchased
(JT) Allied Capital Corporation II (Pension Plan) (not previously required to be reported under rules)	B	Dividends	II	Purchased
(JT) Figgie Intl Inc Cl A (Pension Plan) (not previously required to be reported under rules)	B	Dividends	I	Purchased
(JT) Gabelli Equity Trust (Pension Plan) (not previously required to be reported under rules)	B	Dividends Cap.gains	II	
(JT) TCW Conv Secs Fd Inc (Pension Plan) (not previously required to be reported under rules)	B	Dividends	II	
(JT) Templeton Value Fd (Pension Plan) (not previously required to be reported under rules)	B	Dividends Cap.gains	II	
(JT) Zweig Total Return Fund Inc (Pension Plan) (not previously required to be reported under rules)	B	Dividends	II	
(JT) General Electric Cap Corp Nts (Pension Plan) (not previously required to be reported under rules)	B	Interest	II	

Reporting Individual's Name
Norman D. Dicks

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

CONTINUED

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Textron, Inc. (also sponsored by E-Systems)		Apr. 8 & 9, 1990	Air travel Seattle-Dallas-Ft. Meyers, 1 day food & lodging, self only	
Electronic Industries Assn.		Apr. 9-12, 1990	Air travel Ft. Meyers-DC, 3 days food & lodging, self only	
Columbia Institute for Political Research, Inc.		May 10 & 11, 1990	Air travel DC-Sacramento-Seattle, 1 day food & lodging self only	
Turner Broadcasting System		Jul. 20-22, 1990	Roundtrip DC-Seattle, 2 days food & lodging, self & spouse, plus 1 day in my district returning on 7/23	
Northrop		Aug. 29, 1990	Roundtrip air travel DC-LA, self only, returned 9/2 after continuing stay at own expense	

quired to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

1

Reporting Individual's Name
Norman D. Dicks

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Norman D. Dicks

DATE (Month, Day, Year)
May 15, 1991

GPO : 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10:43
[illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

John David Dingell
(Full Name)

2328 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Michigan District: 16	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

Mc (Office Use Only) (14)

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
See attached sheets				

For additional earned income, use next page

Financial Disclosure A-1

Reporting Individual's Name
John D. Dingell

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	See attached sheets																												

For additional assets and unearned income, use next page

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 3 John D. Dingell

Asset	Value	Type	Income amount	Transaction
(JT) General Motors Accept Corp (Pension Plan) (not previously required to be reported under rules)	B	Interest	II	
(JT) American Express Credit Corp (Pension Plan) (not previously required to be reported under rules)	B	Interest	II	Purchased
(JT) National Rural Utilities Corp (Pension Plan) (not previously required to be reported under rules)	B	Interest	II	
(JT) Sears Cr Account Tr (Pension Plan) (not previously required to be reported under rules)	B	Interest	II	Purchased
(JT) Shearson Lehman Brothers 1990s Fund (Pension Plan) (not previously required to be reported under rules)	B	Dividends	I	
(JT) America First Financial 88 LP (Pension Plan) (not previously required to be reported under rules)	B	Interest	II	
First American Bank	E	Interest	V	
(JT) Oppenheimer Money Market Fund	B	Dividends	II	
Mobil Stocks	B	Dividends	I	
Mobil Bonds	A	Interest	I	
Woolworth Corporation	B	Dividends	I	
Quantum Chemical Corp. Stock	B		I	fractional sale 6-1-90
Selected American Shares	B	Dividends Cap.gains	II	sale

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 4 John D. Dingell

Asset	Value	Value	Income amount	Transaction
Shearson Lehman Brothers Govt & Agencies Fund	A	Dividends	I	
American Express Daily Dividend Fund	A	Dividends	I	
Shearson Lehman Brothers Agressive Growth Fund	B	Dividends Cap. gains	II	
(S) American Express Daily Dividend Fund	A	Dividends	I	
(S) Crystal Brands Inc	A	Dividends	I	
(S) General Electric Co.	B	Dividends	I	
(S) General Mills Inc.	B	Dividends	II	
(S) General Motors Corp.	E	Dividends	V	
(S) General Motors CorpClE	B	Dividends	I	
(S) General Motors CorpClH	A	Dividends	I	
(S) K Mart Corp.	B	Dividends	I	
(S) Marsh & McLennan CosInc	B	Dividends	II	
(S) Pepsico Inc-North Carolina	C	Dividends	II	
(S) Procter & Gamble Co	B	Dividends	I	
(S) Union Carbide Corp	B	Dividends	I	
(S) Unisys Corp	A	Dividends	I	
U.S. Series H-Bonds	B	Interest	I	
Municipal Bonds Oakland County, MI	B	Interest	II	
Sun Life Assurance (Life Insurance)	N/A	Interest	II	

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 5 John D. Dingell

Asset	Value	Type	Income amount	Transaction
(S) General Motors Deferred Savings Program	E			
(S) General Motors Pension (not previously required to be reported under rules)	N/A as pension is vested. No actual value can be fixed.			

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

PART IV - TRANSACTIONS

John D. Dingell

Asset	Type	Date	Amount
Alliance New Europe Fund Inc	Purchase	3-26-90	B
Alliance New Europe Fund Inc	Purchase	7-9-90	B
Allied Capital Corporation II	Purchase	1-17-90	B
American Express Credit Corp	Purchase	3-16-90	B
Figgie Intl Inc Cl A	Purchase	1-17-90	B
Sears Cr Account Tr 1990-C	Purchase	7-23-90	B
Selected American Shares Inc.	Sale	2-27-90	B

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990 John D. Dingell

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	DATE	DESCRIPTION
Edison Electric Institute	Jan. 11, 1990	One way air travel & cab fare from Detroit to Phoenix
American Electric Power Co.	Jan. 11, 1990	One way air travel from Phoenix to Detroit

NOTE: Edison Electric Institute hosted a Chief Executive Conference in which American Electric Power Co. participated.

SOURCE	DATE	DESCRIPTION
FSU Foundation/Our Children's Future	Apr. 20-22, 1990	Roundtrip air travel from Wash. D.C. to Florida, 3 days food & lodging, self & spouse
The Business Council	May 11, 1990	One way air travel from Detroit to Hot Springs, Virginia, 2 days food & lodging, self & spouse
Proctor & Gamble	May 12, 1990	One way air travel from Hot Springs, Virginia to Wash. D.C., self & spouse

NOTE: The Business Council hosted a meeting in which The Procter & Gamble Company participated.

Reporting Individual's Name

John D. Dingell

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	See attached sheet											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
John D. Dingell

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
Edward Robinson, Detroit, MI	Crystal Biscuit Jar	$112.50
GM-Mr. Stempel, Detroit, MI	Videos: The Civil War Series	$110.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See attached sheet				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VIII—POSITIONS

Reporting Individual's Name
John D. Dingell

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	National Rifle Association

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 15, 1991

GPO : 1991 27-088 (H)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 1:17
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

JULIAN C. DIXON
(Full Name)

2400 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 28th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in block ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$8,000	
Fairfax County Board of Education	Spouse Salary	NA	
Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/ Director Fees	NA	

For additional earned income, use next page

Page 1 of 6 pages

Reporting Individual's Name

JULIAN C. DIXON

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).																										
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Queen City Bank - savings Long Beach, CA		X										X					X									
	Industrial Bank of Wash., DC		X								X								X								
S	Mir Kanon/Peideau, Inc. 7.9% int.						X			(Good faith est. based on dividends)	X														X		
	Merrill Lynch Money Mkt. (Cash Acct)				X								X									X					
	IRA - MLPFS - self (not self directed)			X							X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

JULIAN C. DIXON

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	IRA - MLPFS - spouse (not self directed)			X							X								X								
	Queen City Bank - shares			X														X									
S	Much Ado About Something			X														X									
	(interest in business)																										
	1249 ~~12[illegible]9~~ Delaware Ave, SW, Wash.,DC					X						X									X						
	Fidelity Fed. Bank CD (Culver City, CA)			X									X						X								X
	5 rare coins			X														X									

Reporting Individual's Name
JULIAN C. DIXON

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Fidelity Fed. Bank, Culver City, CA - CD	X			10/9/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Century Nat'l Bank	Line of credit for inventory/ real improvements; Much Ado About Something, Inc.	X						
	Prudential Savings FSB	Mortgage on 1291 Del. Ave, SW Wash., DC				X			

Page 4 of 6 pages

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name

JULIAN C. DIXON

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Sony Music Entertainment		4/6 - 4/7	Airfare DC/Atlantic City/LAX Lodging for 1 night in connection with speech	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Page 5 of 6 pages

Financial Disclosure A-4

Reporting Individual's Name

JULIAN C. DIXON

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Congressional Black Caucus Foundation, Inc.
Vice President	Much Ado About Something, Inc.
President (spouse)	Much Ado About Something, Inc.
Director (spouse)	Mir Kanon/Peideau, Inc,

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/14/91

GPO [illegible]

Page 6 of 6 pages

Financial Disclosure A-5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 5:17
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

BRIAN J. DONNELLY
(Full Name)

59 Clearwater Drive , Dorchester, Massachusetts 02126
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: MA District: 11 ☐ Officer or Employee Employing Office: ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	CREDIT UNION ASSOCIATION (Feb. 6, 1990)	speech	1,500.00	
	HEALTH INDUSTRY DISTRIBUTORS ASSOC. (April 3, 1990)	speech	2,000.00	
	NEW ENGLAND COUNCIL (April 18, 199)	speech	1,000.00	
	WASHINGTON TAX SEMINAR (April 25, 1990)	speech	1,000.00	
	BLUE CROSS/BLUE SHIELD (May 2, 1990)	speech	2,000.00	
	WASHINGTON TAX ASSOC. (May 3, 1990)	speech	1,000.00	
	CAMPBELL-RAUPE (July 8, 1990)	speech	2,000.00	
	ANHEUSER-BUSCH (August 15, 1990)	speech	2,000.00	
	NATIONAL ASSOCIATION OF BROADCASTERS (Sept. 14, 1990)	speech	2,000.00	

For additional earned income, use next page

Reporting Individual's Name
Congressman Brian Donnelly

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
R. DUFFY WALL (September 25, 1990)	speech	1,500.00	
AMERICAN ADVERTISING FEDERATION (Sept. 26, 1990)	speech	2,000.00	
MASSACHUSETTS MUTUAL (October 9, 1990)	speech	2,000.00	
AMERICAN GAS ASSOC. (October 29, 1990)	speech	1,000.00	

Reporting Individual's Name
Congressman Brian Donnelly

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	192 Main Street, Dover, Delaware				X							X								X							
JT	Workingmen's Co-Operative Bank Boston, Massachusetts	X											X					X									
	Congressional Federal Credit Union Washington, DC		X										X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Congressman Brian Donnelly

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Lehman Brothers Capital Fund (IRA)	X											X					X									
	real property - Morton St. Monroe, FL					X																					
	Workingmen's Co-Operative Bank,		X																			—					
	Boston, MA (stock)																										

Reporting Individual's Name
Congressman Brian Donnelly

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Workingmen's Co-Operative Bank, Boston, MA	Mortgage: 59 Clearwater Dr.				X			
		Dorchester, MA							

Reporting Individual's Name
Congressman Brian Donnelly

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Congressman Brian Donnelly

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Curry College, Milton, Massachusetts (Uncompensated)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 16.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1991

GPO: 1991 27-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

CALVIN MILLARD DOOLEY
(Full Name)

1303 SOUTH 24th STREET
ARLINGTON, VA 22202
(Mailing Address)

Filer Status	☒ XX Member of the U.S. House of Representatives — State: CA District: 17	☐ Officer or Employee	Employing Office:
Report Type	☒ XX Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

(Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Tulare County Department of Education	Spouse salary	NA	-
	State of California, P.E.R.S.	Redemption of retirement thrift/savings	$3,215.75	

For additional earned income, use next page

CALVIN M. DOOLEY
17th District, California

Committees:
Agriculture
Small Business

Congress of the United States
House of Representatives
Washington, DC 20515

1022 Longworth House
Office Building
Washington, DC 20515
(202) 225-2341

711 North Court St
Suite E
Visalia, CA 93291
(209) 733-8348
Toll Free: 1-800-454-4284

May 15, 1991

Mr. Donn Anderson
Clerk
U.S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Donn:

I am providing the following attachment to my 1990 Financial Disclosure Statement.

In 1990, I received a $10,875 prize from the Big Brothers/Big Sisters organization in Fresno, California at their annual fundraising event. I was advised by the Committee on Standards of Official Conduct that I did not have to report the prize money.

Thank you for your attention to this matter.

Sincerely,

Calvin Dooley
CALVIN DOOLEY
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

Reporting Individual's Name

CALVIN MILLARD DOOLEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC) DFP=Dooley Farms Partnership (1/3) interest		Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	DFP (includes land, equipment, crops, cash, and leasehold improvements on 120 acres in Visalia and Tulare					X											Farm income	X(net)							X(gross)		
	DFP: 120 acres, Webb Ranch, McAuliffe Ave.								X								Combined w/ farm income listed above										
	80 acres (1/2 interest), Road 52, Visalia--inheritance					X											"	X									
	DFP: McAuliff & Walnut (parcel # 15-130-05) Visalia, CA							X						X											X		X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

CALVIN MILLARD DOOLEY

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	DFP: Road 140 & Ave. 384, Tulare Co., CA (parcel # 035-130-05)			X										X								X					X
	DFP: Cal-Bean Growers Assoc. revolving fund	X															Combined w/ farm income listed on previous pg.										
	DFP: Cal-Bean Growers & Grain Cooperative Inc. revolving fund	X															"										
	DFP: County Line Gin, Inc. revolving fund		X														"										
	DFP: CalCot cooperative		X														"										
	DFP: Ranchers Cotton-Oil		X														"										
	DFP: Diamond Walnut	X															"										
	Dooley for Congress				X													X									
	Visalia Community Bank (savings account)					X							X							X							
	Bank of America (savings; checking account)					X							X							X							

Reporting Individual's Name

CALVIN MILLARD DOOLEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

DFP=Dooley Farms Partnership (1/3 interest)

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	DFP:McAuliff and Walnut, Visalia, CA (parcel # 15-130-05)		X		05/15/90						X	
	DFP:Road 140 & Ave. 384, Tulare, CA (parcel # 035-130-05)		X		05/25/90		X					
	DFP:Visalia Production, Credit Association stock			X	05/15/90	X						
	DFP:Kingsburg-Federal Land Bank stock			X	05/15/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

DFP=Dooley Farms Partnership (1/3 interest)

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Dooley Farms Partnership	Loan paid off by 12/15/90		X					
	DFP:Kingsburg Federal Land Bank	Loan paid off by 05/90					X		
	DFP:Visalia Production Credit Association	Loan paid off by 05/90				X			
	DFP:Producers Cotton Oil	Loan paid off by 05/90			X				
	DFP:Eugene Watkins	Loan transferred upon sale of parcel #035-130-05		X					

CONTINUED ON FOLLOWING PAGE

Reporting Individual's Name

CALVIN MILLARD DOOLEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

CONTINUED FROM PREVIOUS PAGE

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Pacific Bank	Mortgage on McAuliff & Walnut (parcel #15-130-05)				X			
	Security Pacific Bank	Loan paid off by 12/90			X				
	U.S. Government	Federal income tax				X			

Reporting Individual's Name

CALVIN MILLARD DOOLEY

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	NOT APPLICABLE--NOT A MEMBER OF CONGRESS IN 1990		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	NOT APPLICABLE--NOT A MEMBER OF CONGRESS IN 1990			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
CALVIN MILLARD DOOLEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Dooley Farms Partnership

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For furthur information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Calvin Dooley	May 15, 1991

GPO: 1991 27-080 (m)

JOHN T DOOLITTLE
14th District, California

1524 Longworth House Office Building
Washington, DC 20515
(202) 225-2511
(202) 225-5444 FAX

David G. Lopez
Administrative Assistant

Martha L. Franco
Executive Assistant

Congress of the United States
House of Representatives
Washington, DC 20515

1624 Santa Clara Drive
Suite 200
Roseville, California 95661
(916) 786-5560
(916) 786-6364 FAX
Toll Free Number
(800) 232-1336

Lance W. Hastings
District Representative

May 28, 1991

INSIDE MAIL

1991 MAY 29 PM 4:02

MC ⑦

Mr. Dave McCarthy
Committee on Standards of
Official Conduct
HT-2, The Capitol
Washington, DC 20515

Dear Dave:

Pursuant to your May 22 letter, I have amended my Financial Disclosure Statement to reflect the following changes:

1. The type of income listed for JT Investments under Part I is "Real Estate Commissions".

2. The asset of Genesis Electronics under Part II was deleted since both the assets and income were less than the reportable amounts.

Also, I would estimate the value of the asset of JT Investments (for reporting under Part II) at less than $1,001. As such, I have not amended this entry.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

John T. Doolittle

JOHN T. DOOLITTLE
Member of Congress

JTD:dl

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 4:43
U.S. [illegible]

HAND DELIVERED

JOHN T. DOOLITTLE
(Full Name)

1524 Longworth Building, Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 14	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	United Domestic Workers of America, National City, CA (1/4/90)	Speech	$250.00	
	National Homecare Systems, Chicago, IL (1/4/90)	Speech	$250.00	
	CA Trucking Association, W. Sacramento, CA (2/13/90)	Speech	$1000.00	
	CA Association of Postsecondary Schools Los Angeles, CA (2/14/90)	Speech	$1000.00	
	CA Association of Collectors, Sacramento, CA (3/13/90)	Speech	$1000.00	
	Political Action by Pest Control Operators Sacramento, CA (4/18/90)	Speech	$1000.00	
	PSOMAS & Associates, Santa Monica, CA (5/22/90)	Speech	$1000.00	
	State of California, Sacramento, CA (1/1/90 - 12/31/90)	Salary and Per Diem	$60,005.69	
	J-T Investments, Sacramento, CA 1990	Income	$10,780	

For additional earned income, use next page

Financial Disclosure A-1

937

Reporting Individual's Name
JOHN T. DOOLITTLE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT		BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset, Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income, Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Examples:	ABC Corporation Stock		X								X								X									X
		George Wash. Credit Union Accounts			X									X								X							
		182 Main Street, Dover, Delaware				X							X								X								
		Genesis Electronics Sacramento, CA	X																X										
		J-T Investments Sacramento, CA	X																				X						
		P.N. #54-151-33; P.N. #54-151-34 Nevada County, CA					X												X										
		P.N. #54-151-31 Nevada County			X																			X					X
		P.N. #54-151-32 Nevada County				X																			X				X
		The Golden 1 Credit Union		X										X						X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

JOHN T. DOOLITTLE

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Legislative Retirement System			X														X									

Reporting Individual's Name

JOHN T. DOOLITTLE

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	P.N. #54-151-31, Nevada County, CA		X		3/14/90		X					
	P.N. #54-151-32, Nevada County, CA		X		5/11/90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Pacific National Bank, Rocklin, CA	Mortgage on 4601 Ryan Court (2nd) Rocklin, CA 95677		X					
	MBNA America, Wilmington, DE	Personal Credit	X						
	N. Bruce and Barbara E. Ashwill Shingle Springs, CA	Promissory note			X				
	Robert E. Young, Engineers Sacramento, CA	Professional Services		X					
	Wells Fargo Bank Sacramento, CA	Personal Credit	X						

Reporting Individual's Name
JOHN T. DOOLITTLE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOHN T. DOOLITTLE

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	J-T Investments, Sacramento, CA -- Real Estate Partnership
Self-employment	John T. Doolittle, Attorney at law

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John T. Doolittle	DATE (Month, Day, Year) 5/15/91

GPO : 1991 37-369

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 29 AM 7:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

(Office Use Only)

JOHN T. DOOLITTLE
(Full Name)

1524 Longworth Building, Washington, D.C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: CA District: 16 ☐ Officer or Employee Employing Office: ____

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
United Domestic Workers of America, National City, CA (1/4/90)		Speech	$250.00	
National Homecare Systems, Chicago, IL (1/4/90)		Speech	$250.00	
CA Trucking Association, W. Sacramento, CA (2/13/90)		Speech	$1000.00	
CA Association of Postsecondary Schools Los Angeles, CA (2/14/90)		Speech	$1000.00	
CA Association of Collectors, Sacramento, CA (3/13/90)		Speech	$1000.00	
Political Action by Pest Control Operators Sacramento, CA (4/18/90)		Speech	$1000.00	
PSOMAS & Associates, Santa Monica, CA (5/22/90)		Speech	$1000.00	
State of California, Sacramento, CA (1/1/90 - 12/31/90)		Salary and Per Diem	$60,005.69	
J-T Investments, Sacramento, CA 1990		Real Estate Commiss.	$10,780	

For additional earned income, use next page

Reporting Individual's Name
JOHN T. DOOLITTLE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	J-T Investments Sacramento, CA	X																				X					
	P.N. #54-151-33; P.N. #54-151-34 Nevada County, CA					X												X									
	P.N. #54-151-31 Nevada County			X																			X				X
	P.N. #54-151-32 Nevada County				X																			X			X
	The Golden 1 Credit Union		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
JOHN T. DOOLITTLE

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A	B	C	D	E	F	G	H	Indicate if alternative valuation method (X) Attach explanation							Other Income (Specify type)	I	II	III	IV	V	VI	VII	VIII	IX	Transaction (X)
S, DC, JT		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
	Legislative Retirement System			X														X									

Reporting Individual's Name

JOHN T. DOOLITTLE

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	P.N. #54-151-31, Nevada County, CA		X		3/14/90		X					
	P.N. #54-151-32, Nevada County, CA		X		5/11/90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Pacific National Bank, Rocklin, CA	Mortgage on 4601 Ryan Court (2nd) Rocklin, CA 95677		X					
	MBNA America, Wilmington, DE	Personal Credit	X						
	M. Bruce and Barbara E. Ashwill Shingle Springs, CA	Promissory note			X				
	Robert E. Young, Engineers Sacramento, CA	Professional Services		X					
	Wells Fargo Bank Sacramento, CA	Personal Credit	X						

Reporting Individual's Name

JOHN T. DOOLITTLE

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John T. Doolittle

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	JT Investments, Sacramento, CA -- Real Estate Partnership
Self-employment	John T. Doolittle, Attorney at Law

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
John T. Doolittle

DATE (Month, Day, Year)
5/28/91

GPO: 199[illegible]-388

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 1:58

HAND DELIVERED

Byron Leslie Dorgan
(Full Name)

1431 McLean Mews Court
McLean, VA 22101
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: North Dakota District: At Large	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$5,000	
Fairfax County Board of Education	Spouse Salary	N/A	
American Council of Life Insurance (June 13, 1990)	Speech/Honorarium	$1,000	
American Federation of Teachers (April 18, 1990)	Speech/Honorarium	500	
American hospital Association (July 30, 1990)	Speech/Honorarium	1,500	
American Society of Association Executives (March 6)	Speech/Honorarium	2,000	
American Sugarbeet Growers (February 5, 1990)	Speech/Honorarium	1,000	
CIC Enterprises (February 13, 1990)	Speech/Honorarium	2,000	
Duffy Wall Associates (July 30, 1990)	Speech/Honorarium	2,000	
Edelman Public Relations (June 23, 1990)	Speech/Honorarium	2,000	
Florida Sugar Cane League (January 8, 1990)	Speech/Honorarium	2,000	
Harvest States Cooperative (April 3, 1990)	Speech/Honorarium	1,000	

For additional earned income, use next page

Reporting Individual's Name
Byron Leslie Dorgan

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Invest to Compete Alliance (January 19, 1990)	Speech/Honorarium	$1,000	
Metropolitan Life Insurance Company (March 9, 1990)	Speech/Honorarium	2,000	
Murray Scheer & Montgomery (September 18, 1990)	Speech/Honorarium	1,000	
National Ass'n of Chain Drug Stores (May 10, 1990)	Speech/Honorarium	2,000	
National Ass'n of Telephone Cooperatives (April 26)	Speech/Honorarium	2,000	
National Realty Committee (October 4, 1990)	Speech/Honorarium	500	
National Society of Public Accountants (May 21, 1990)	Speech/Honorarium	1,000	
RJR Nabisco (February 5, 1990)	Speech/Honorarium	2,000	
Sutherland Asbill & Brennan (March 19, 1990)	Speech/Honorarium	1,000	
Washington Tax Seminar (December 6, 1990)	Speech/Honorarium	1,000	
Western States Water (November 6, 1990)	Speech/Honorarium	2,000	
		$30,500 gross honoraria income	
		- 4,020 less charitable contributions	
		$26,480 net honoraria income	
Spouse -- Kimberly Olson Dorgan	*Self-employed net income for public affairs work with		
	a non-profit organization and miscellaneous projects;		

Reporting Individual's Name
Byron Leslie Dorgan

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Wright-Patman Congressional Federal Credit Union	X											X						X								
			S&S Apartments (8-plex), Bismarck, ND		*Frontier Apartments has a $171,472 mortgage, and S&S Apartments																								
			Frontier Apartments (11-unit), Bismarck, ND		has a $153,069 mortgage plus a $21,038 loan. The estimated																								
					market value for Frontier Apartments is $230,000 and for S&S																								
					Apartments it is $215,000. That leaves a net equity of $58,528																								

For additional assets and unearned income, use next page

(continued on page A-2(a))

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Byron Leslie Dorgan

BLOCK A	Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	(continued from page A-2)	for Frontier Apartments and a net equity of $40,848 for S&S Apartments.																									
		The gross income from the two apartments was $74,669.81 and the expenses																									
		were $71,400.24, leaving a net income of $3,269.57 for calendar year 1990.																									
	Piper, Jaffray & Hopwood SEP IRA				X																						
	Treasury Bonds ($35,948)												X							X							
	Stocks: Nordstrom ($10,205)										X								X								
	Super Value ($760)										X							X									
	United T.V. ($3,420)										X								X								
	Mutual Funds:																										
	Templeton Fund ($3,529)										X								X								
	Nicholas Fund ($10,023)										X									X							
	Evergreen Fund ($4,990)										X								X								
	Royce Fund ($4,663)										X								X								
	Income Fund of America ($9,440)										X								X								

Reporting Individual's Name
Byron Leslie Dorgan

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U.S. Treasury Bond for SEP IRA	X			4-15-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Northwestern Federal Savings & Loan, Bismarck, North Dakota	Mortgage on Frontier Apartments 113 West Interstate Ave., Bismarck	Note: see statement of liabilities for these buildings under Parts II & III, Assets and "Unearned" Income						
	Metropolitan Federal Savings Bank, Bismarck, North Dakota	Loan on S&S Apartments, 1001 E. Central Avenue, Bismarck							
	Metropolitan Federal Savings Bank, Bismarck, North Dakota	Mortgage on S&S Apartments, 1001 East Central Avenue, Bismarck							

)

Reporting Individual's Name
Byron Leslie Dorgan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Dickinson State University	Cowboy Hat & Boots -- gifts for graduation speech	$150 (est.)
Kemper Open	Golf sweater, etc. for Pro/Am participants	190 (est.)
2000 LOVE Tennis Charity	Tennis racquet	180 (est.)
Jack Africk Charity Tennis	Tennis racquet -- prize for competing in tournament	180 (est.)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Basin Electric (speech)		Nov. 15-16 1990	Round trip air travel from Washington, DC to Bismarck, ND one night's lodging, ground transportation, self & child	
Florida Sugar Cane League (speech)		Jan. 8, 1990	One-way air travel from West Palm Beach to Washington, DC for self & spouse	
Metropolitan Life (speech)		March 9, 1990	Round trip air travel from Washington, DC to New York City, NY self	
Pacific Mutual (speech)		August 10, 1990	Round trip air travel from Seattle, WA to Los Angeles, CA self	
USTC (charity tennis tournament)		Jan. 5-7, 1990	One-way air travel from Washington, DC to Boca Raton, FL to participate in charity tennis tournament; 3 days food & lodging, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Byron Leslie Dorgan

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calender year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization
None	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
None		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Byron L. Dorgan

DATE (Month, Day, Year): May 15, 1991

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 3:07

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

ROBERT K. DORNAN
(Full Name)

301 CANNON H.O.B
(Mailing Address)

WASHINGTON, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State CA District 38th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

HC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Tarrant County Republican Party (May 14, 1990) Fort Worth, TX	speech	$1,000.00	
	Los Angeles Times (Jan. 12, 1990)	article	$250.00	
	Sheet Metal and Air Conditioning Contractors National Assoc., Inc. (Jan. 14, 1990) Los Angeles	speech	$1,000.00	
	Washington State Republican Federal Campaign Committee (Feb. 10, 1990) Tacoma, WA	speech	$1,000.00	
	The 500 Club for Lebanon (Mar. 9, 1990) Los Angeles, CA	speech	$1,000.00	
	Voice Network International (Mar. 11, 1990) Chicago, ILL	speech	$1,000.00	
	Friendly Sons of St. Patrick (Mar. 17, 1990) Los Angeles, CA	speech	$1,000.00	
	Coalition for Your Right to Know (May 10, 1990) Denver, CO	speech	$1,000.00	
	Houston Republican Forum PAC (July 13, 1990) Houston, TX	speech	$1,000.00	

For additional earned income, use next page

PART VIII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

(Continuation Sheet)

Cardinal Mindszenty Foundation, (Feb. 17, 1990)
roundtrip air Wash. D.C. to Dallas

Cardinal Mindszenty Foundation, (Sep. 29, 1990)
roundtrip air Wash., D.C. to Westchester County, NY

Chapman College, (Nov. 20, 1990)
roundtrip air Wash. D.C. to Los Angeles

People Concerned for the Unborn, (Nov. 17-18, 1990)
roundtrip air Wash. D.C. to Pittsburgh, one night lodging

EFM Media Management, Inc. (Dec., 11 1990)
roundtrip Wash. D.C. to New York

MultiMedia/Phil Donahue Show, (Nov. 11, 1990)
roundtrip air Wash. D.C. to Kennebunkport, ME

Reporting individual's name

Robert K. Dornan

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Board of Governors Club Dade County Jun. 30, 1990) Miami FL	speech	$1,000.00	
Pam Media, Inc. (Jul. 16-20, 1990) Washington, D.C.	host nat. radio show	$2,000.00	
Cardinal Mindszenty Foundation (Sep. 29, 1990) Tarrytown, NY	speech	$1,000.00	
MultiMedia/Phil Donahue Show (Nov. 11, 1990) Kennebunkport, ME	T.V. Appearance	$569.00	
International Media Partners/CEO Institute (Nov. 13, 1990) Monterey, CA	speech	$1,000.00	
University of Cincinnati (Nov. 15, 1990) Cincinnati, OH	speech	$1,000.00	
People Concerned for the Unborn (Nov. 17, 1990) Pittsburgh, PA	speech	$800.00	
New Hope Crisis Pregnancy Center (Nov. 18, 1990) Syracuse, NY	speech	$500.00	
Chapman College (Nov. 20, 1990) Orange, CA	speech/seminar	$500.00	
EFM Media Management, Inc. (Dec. 11, 1990) New York, NY	host nat. radio show	$400.00	
Northrop Corporation (Dec. 12, 1990) Long Beach, CA	speech to employees	$2,000.00	
Voice Network International (Dec. 28, 1990) Chicago, ILL	speech	$1,000.00	
Cardinal Mindszenty Foundation (Feb. 17, 1990) Dallas, TX	speech	$1,000.00	

Reporting Individual's Name

Robert K. Dornan

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Robert K. Dornan

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Robert K.Dornan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tarrant County Republican Pty.		11/18-19/ 1989	roundtrip air Wash.D.C. to Dallas, One night lodging	
Washington State Republican Federal Campaign Committee		2/10-11 1990	airfare for Wash.D.C. to Seattle to Los Angeles, one night lodging	
Voice Network International		3/11/1990	airfare San Jose to Chicago to Wash.D.C.	
Coalition for Your Right to Know		5/10-11/ 1990	roundtrip air Wash.D.C. to Denver One night lodging	
American Life League, Inc.		6/30/1990	airfare form Wash.D.C. to Chicago to Miami (PLEASE SEE ATTACHED)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert K. Dornan

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	Hope Springs Farm for Children

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert K. Dornan	May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1986**	**FORM A** For use by Members, officers, and employees

Thomas J. Downey
Full Name
155 Cedar Street
Mailing Address
Amityville, New York 11701

Filer Status	☒ Member of the U.S. House of Representatives State: New York District: 2	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

[illegible]

(Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $100 or more during the preceding calendar year, as well as payments made or donated to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and not amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if donated or paid to charity
Examples:	Association of American Associations, Wash. D.C. (Feb. 2, 1985)	Speech	$1,000	
	XYZ Magazine (Aug. 15, 1985)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	House of Representatives, Sergeant at Arms, Washington, DC	spouse salary	N/A	
	Senate Disbursing Office, Washington, DC	spouse salary	N/A	
	Bradley Woods & Co., New York, New York (1-10)	speech	$2,000	
	Mutual Life Insurance Tax Committee, New Orleans, LA (1-23)	speech	$2,000	
	Armco International, Washington, DC (2-15)	speech	$1,000	
	RJR Nabisco, Washington, DC (2-26)	speech	$2,000	
	Dean Witter, New York, New York (2-28)	speech	$2,000	
	Connell Rice and Sugar, Westfield, New Jersey (3-12)	speech	$2,000	
	Wunder, Ryan, Cannon & Thelen, Washington, DC (3-7)	speech	$1,000	
	Chocolate Manufacturers Assn., Washington, DC (3-14)	speech	$1,000	

For additional earned income, use next page

Reporting Individual's Name
Thomas J. Downey

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
National Confectioners Assn., Washington,DC (3-14)	speech	$1,000	
Labor Policy Assn., Williamsburg, VA (3-16)	speech	$2,000	
Carpet & Rug Institute, Washington, DC (3-7)	speech	$2,000	
Securities Industry Assn., Washington, DC (3-13)	speech	$2,000	
Footwear Policy Assn., Jacksonville, FL (4-1)	speech	$2,000	
Int'l Electrical Mfgrs., Washington, DC (4-19)	speech	$1,000	
Pfizer, Brooklyn, New York (3-18)	speech	$2,000	
Fannie Mae, Washington, DC (6-26)	speech	$2,000	X ($200)
Washington Tax Seminars, Washington, DC (6-27)	speech	$1,000	X
Sweetner Users Assn., Washington, DC (7-10)	speech	$1,000	X
Christian Science Monitor (7-19)	article	$50	
American Sugar Alliance, Washington, DC (6-26)	speech	$2,000	X
Los Angeles Times, Los Angeles, CA (9-19)	article	$250	X
Price Waterhouse, Washington, DC (9-18)	speech	$2,000	X

Reporting Individual's Name
Thomas J. Downey

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	192 Main Street, Dover, Delaware				X							X								X							
	House - 323 D St.SE, Washington, DC					X						X										X					
	House - 155 Cedar St., Amityville, NY (partial)				X							X										X					
	U.S. Savings Bonds			X									X								X						X
	Citibank Keogh Account			X									X								X						
	Resources Trust (IRA's)			X							X										X						

For additional assets and unearned income, see next page

Reporting Individual's Name

Thomas J. Downey

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U.S. Savings Bonds		X		4/90-8/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Crossland Mortgage Corporation	Mortgage on rental properties				X			
	Bank of New York	Home Equity Line of Credit		X					

Reporting Individual's Name
Thomas J. Downey

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
M/M Walter Rich, Cooperstown, NY	Crystal Gift Set (pursuant to waiver)	$300

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
see attached			

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)
Mutual Life Insurance Tax Committee	12/10-12/11/89	speech; round trip air travel, DC-New Orleans; 1 day food and lodging
Aspen Institute	1/10-1/15	legislative conference; round trip air travel, Baltimore - Jamaica; 4 days' food & lodging, Member and spouse
Pan American Life Insurance	1/25-1/29	speech; round trip air travel, Washington - New Orleans; 4 days' food & lodging, Member and child
Connell Rice & Sugar	3/12	speech round trip air travel, Washington-Newark
Labor Policy Association	3/16-3/17	speech; round trip ground transportation, Washington-Williamsburg, VA; 1 day food & lodging, Member and spouse
Footwear Distributors and Retailers	4/1	speech; round trip air travel, Washington - Jacksonville, Florida
Collins Center for Public Policy -- Carnegie Foundation (Our Children's-Future)	4/20-4/22	legislative conference; round trip air travel, DC-Captiva Island 2 days' food & lodging, Member & spouse
Pfizer, Inc.	5/18	speech; round trip air travel, Washington-New York

Thomas J. Downey
Part VII continued

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)
Cornell University	6/7- 6/10	speech; one way ground travel, DC-Ithaca, New York
Enron Corporation	6/28- 7/2	site visit; round trip air travel, DC-Wyoming; 2 days' food & lodging; extended trip at own expense
University of Stockholm, Sweden	8/17 - 8/23	study visit air travel, Newark-Stockholm; train travel, Stockholm-Prague; Member and spouse
Aspen Institute,	8/24- 8/31	legislative conference; air travel, Prague-Washington D.C.; 7 days' food & lodging; Member and spouse
Parliamentarians for Global Action	11/24- 11/26	Parliamentary Delegation Exchange; round trip air travel Washington - Moscow; 2 days' food & lodging

Reporting Individual's Name
Thomas J. Downey

PART VIII – POSITIONS

[illegible]

[illegible] NONE ☒

Positions	Name of Organization

PART IX – AGREEMENTS

[illegible]

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – [illegible] Yes ☐ No ☒ [illegible] ☐

EXEMPTION TEST – [illegible] Yes ☐ No ☒ [illegible] ☐

[illegible]

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	[illegible]

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990	FORM A For use by Members, officers, and employees

HON. DAVID DREIER, M.C.
Full Name
Room 411, Cannon House Office Building
Mailing Address
Washington, DC 20515

Filer Status	XX Member of the U.S. House of Representatives	State: California District: 33rd	☐ Officer or Employee	Employing Office:
Report Type	XX Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

91 MAY 15 PM 5:24

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(Office Use Only) 9

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or donated to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 13.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	ETC Magazine (Aug. 15, 1990)	Article	$300	X
	XYZ Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
1/15/90	GMA/CSO	Honorarium	$2,000.00	
1/15/90	CPC, International	Honorarium	2,000.00	
1/22/90	American Leadership Conference	Honorarium	2,000.00	X
1/30/90	American Land Title Association	Honorarium	1,000.00	
2/14/90	American Financial Services Ass'n	Honorarium	2,000.00	
2/16/90	California Bankers Association	Honorarium	1,000.00	X
3/6/90	The Christian Science Publishing Co.	Article	100.00	
3/16/90	The American Medical Association	Honorarium	1,000.00	X
3/30/90	Bank Capital Markets Association	Honorarium	2,000.00	
4/20/90	The Seneca Group	Honorarium	1,000.00	

For additional earned income, see next page

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Reporting Individual's Name
HON. DAVID DREIER, M.C.

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
5/23/90 Los Angeles Times	Article	$ 250.00	
6/16/90 Price Waterhouse	Honorarium	2,000.00	
6/22/90 Insurance Information Institute, Inc.	Honorarium	1,000.00	
7/5/90 American Leadership Conference	Honorarium	2,000.00	X
7/15/90 Univ. of Phoenix Business School -L.A.	Honorarium	1,000.00	
8/17/90 C.O.I.L. Education & Information Fund	Honorarium	500.00	
8/25/90 Telephone Employees Credit Union	Honorarium	2,000.00	
8/29/90 National Medical Enterprises	Honorarium	1,000.00	
8/30/90 Great Western	Honorarium	2,000.00	X
8/30/90 California Council C.U. Exec. Society	Honorarium	2,000.00	
9/27/90 Van Kloberg & Associates	Honorarium	2,000.00	X
10/11/90 Institute of International Bankers	Honorarium	2,000.00	
11/29/90 California Cable TV Association	Honorarium	1,500.00	
12/5/90 Chicago Mercantile Exchange	Honorarium	750.00	
12/5/90 Board of Trade of the City of Chicago	Honorarium	750.00	
12/16/90 American Leadership Conference	Honorarium	2,000.00	X
12/18/90 Northrup Corporation	Honorarium	2,000.00	

Reporting Individual's Name
HON. DAVID DREIER, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $100 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $100 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S) and your dependent child (DC).	Category of Value (X)								Indicate if other-than fair market value method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I	II	III	IV	V	VI	VII	VIII	IX	
S, DC, JT	Example	DC	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			100 Main Street, Dover, Delaware				X							X								X							
			Roseville Telephone Co. - Stock			X							X								X								
			IBM Corporation - Stock			X							X									X							
			DNA Corporation - Stock			X							X											X					
			Muni.Invest.Trust-13th Cal.Ser.			X									X								X						
			Muni.Invest.Trust-16th Cal. Ser.			X									X								X						
			C.U.-Wright Patman Cong. F.C.U.		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
HON. DAVID DREIER, M.C.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								[illegible]	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A	B	C	D	E	F	G	H		Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust		I	II	III	IV	V	VI	VII	VIII	IX	
	C.D.-Wright Patman Cong. F.C.U.		X										X							X							
	IRA Plan - Calvert Group			X							X								X								
	Pension Plan-1st American Bank			X							X									X							
	Merrill Lynch Cash Man. Acc't			X							X									X							
	1st American Bank of Wash.-M.X.			X									X						X								
	California State BAnk - M.C.			X									X							X							
	C.D. - California State Bank			X									X								X						
	C.D. - California State Bank				X								X								X						
	C.D. - The Southgate Bank			X									X							X							
	Ford Motor Co. - Stock		X								X								X								
	The Oklahoma Pub. Co. - Stock			X							X								X								
	Borden Chem. & Plastics.- Stock			X							X		X									X					
	Ross Stores, Inc. - Stock		X																								
	Property in Rancho Mirage, CA-25% Ownership				X							X						X									
	Witches & MOre, Inc.-50% owner-ship			X							X										X						

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME (Continued)

Continuation Sheet (if needed)

Reporting Individual's Name
HON. DAVID DREIER, M.C.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if other than valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A	B	C	D	E	F	G	H		Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust		I	II	III	IV	V	VI	VII	VIII	IX	
	Rubbermaid, Inc. - Stock										X								X								X
	Dodge & Cox Funds - Stocks			X							X			X						X							X
	Mass. Mutual Life Ins. Co.									Life Ins.								X									
	1st Interstate Bank of Cal.	X											X					X									
	F. B. Clearing Corporation-Cash	X											X					X									
	Hambrecht & Quist - Cash	X											X						X								
	ADAC Labs - Stock		X																								X
	1st Interstate Bancorp - Stock		X																								X
	1st Commercial Bancorp - Stock		X																								X

Reporting Individual's Name
HON. DAVID DREIER, M.C.

PART IV – TRANSACTIONS

[illegible]

NONE ☐

SP, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE MO. DAY YR.	A	B	C	D	E	F	G
	Example: [illegible]	x			[illegible]			x				
	Seagate Technology - Stock		S		1/1/93	X						
	Cypress Semi - Stock		S		2/27/93	X						
	Cypress Semi - Stock		S		3/25/93	X						
	Aspect - Stock		S		6/25/93	X						
	Collagen - Stock		S		8/1/93	X						
	[illegible] Software - Stock		S		10/11/93	X						

PART V – LIABILITIES

[illegible]

NONE ☒

SP, DC, JT	Creditor	Type of Liability	A	B	C	D	E	F	G
	Example: [illegible]	[illegible]				x			

PART IV - TRANSACTIONS [illegible]

[illegible]

PART V - LIABILITIES

[illegible]

Reporting Individual's Name
HON. DAVID DREIER, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Association	3/16-17, 1990	Roundtrip airfare - DC/Naples, FL/DC - 1 night food & lodging	
Bank Capital Markets Ass'n	3/30/90	One-way airfare - DC/Phoenix/Palm Springs - 1 night food & lodging	
American Leadership Conference	6/1/90	One-way airfare - Kansas City/DC	
Board of Trade of the City of Chicago	12/5-7, 1990	Roundtrip airfare - DC/Chicago/DC	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
HON. DAVID DREIER, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Vice-President	Dreier Development Company
Co-Chairman of Board	Los Angeles Committee for the Homeless (Los Angeles Mission)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA XX

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David Dreier	**DATE (Month, Day, Year)** May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 5:04

HAND DELIVERED

CONGRESSMAN JOHN J. DUNCAN, JR.
(Full Name)

832 Andover Blvd., Andover Place
(Mailing Address)

Knoxville, TN 37922

Filer Status	☒ Member of the U.S. House of Representatives — State: TN District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Association of American Railroads (11/15/90)	Speech	$1,000	
	The Chicago-Midwest Credit Service Corp. (10/26/90)	Speech	$1,000	
	Philip Morris (12/9/90)	Speech	$1,000	
	National Hearing Aid Society (9/3/90)	Speech	$1,000	
	Knoxville Blue Jays	Salary	$11,250	
	L L Creations	Spouse	NA	
	State of TN - Deferred Comp Plan (retirement withdrew)	retirement withdrew	$28,436	

For additional earned income, use next page

Reporting Individual's Name
JOHN J. DUNCAN, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Congressional Federal Credit Union (savings)			X									X						X								
	Shoney's, Inc. (stock)		X								X							X									
	Amoco (stock)		X								X							X									X
DC	Baxter International (stock)		X								X							X									
DC& self	Bob Evans, Inc. (stock)		X								X							X									
	Cracker Barrel (stock)			X							X							X									X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JOHN J. DUNCAN, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Boehmler Trust (trust assets unknown to filer see part 10)																trust income					X					
	American Security (savings)		X										X					X									
	Bank of E. TN (IRA) (savings)			X									X							X							
	Barnett Bank (IRA) (savings)		X										X						X								

Reporting Individual's Name

JOHN J. DUNCAN, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Amoco (stock)		X		6/25/90	X						
	Cracker Barrel (stock)		X		6/12 & 6/20/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors	Civil War tapes	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	Hearing Aid Assn.	Sept. 7, 1990	One night accommodation, self and spouse	
	Chicago Mid-West	10/26/90	One night accommodations	
	Assn. of American Railroads	Nov 9-11	Three nights food & lodging, roundtrip air travel, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VIII—POSITIONS

Reporting Individual's Name
JOHN J. DUNCAN, JR.

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprises, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John J Duncan Jr	**DATE (Month, Day, Year)** May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 31 AM 7:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL

✓ MC (Office Use Only) ⑥

CONGRESSMAN JOHN J. DUNCAN, JR.
(Full Name)

832 Andover Blvd., Andover Place
Knoxville, TN 37922
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: TN District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Association of American Railroads (11/15/90)	Speech	$1,000	
	The Chicago-Midwest Credit Service Corp. (10/26/90)	Speech	$1,000	
	Philip Morris (12/9/90)	Speech	$1,000	
	National Hearing Aid Society (9/3/90)	Speech	$1,000	
	Knoxville Blue Jays	Salary	$11,250	
	L L Creations	Spouse	NA	
	State of TN - Deferred Comp Plan (retirement withdrew)	retirement withdrew	$28,436	

For additional earned income, use next page

Reporting Individual's Name
JOHN J. DUNCAN, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Congressional Federal Credit Union (savings)			X									X						X								
	Shoney's , Inc. (stock)		X								X							X									
	Amoco (stock)		X								X							X									X
DC	Baxter International (stock)		X								X							X									
DC+ S ~~JT~~	Bob Evans, Inc. (stock)		X								X							X									
	Cracker Barrel (stock)			X							X							X									X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

JOHN J. DUNCAN, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Boehmler Trust (trust assets unknown to filer see part 10)																trust income					X					
	American Security (savings)		X										X					X									
	Bank of E. TN (IRA) (savings)			X									X							X							
	Barnett Bank (IRA) (savings)		X										X						X								

Reporting Individual's Name

JOHN J. DUNCAN, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Amoco (stock)		X		6/25/90	X						
	Cracker Barrel (stock)		X		6/12 & 6/20/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors	Civil War tapes	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Hearing Aid Assn.	Sept. 7, 1990	One night accommodation, self and spouse in Nashville, TN	
Chicago Mid-West Credit Service Corp.	10/26/90	One night accommodations in Nashville, TN	
Assn. of American Railroads	Nov 9-11	roundtrip air from Knoxville to Jacksonville, FLA Three nights food & lodging, roundtrip air travel, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOHN J. DUNCAN, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
John J. Duncan Jr.

DATE (Month, Day, Year)
5/29/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 36

HAND DELIVERED

Richard J. Durbin
(Full Name)

129 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Illinois District: 20	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 114

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	U. S. House of Representatives	salary	90,645.87	
	State of Illinois	spouse salary	30,567.78	
	The Chicago Tax Club (2-2-90)	honoraria	2,000.00	
	National Council of Community Hospitals (2-21-90)	"	1,000.00	
	National Education Association (4-11-90)	"	1,000.00	
	Christian Science Monitor (4-5-90)	article	100.00	
	The Connell Company (5-2-90)	honoraria	2,000.00	
	Hotel Employees and Restaurant Workers (5-10-90)	"	2,000.00	
	Corn Refiners Assocition, Inc. (5-16-90)	"	1,000.00	
	Allied Signal (5-24-90)	"	1,000.00	

For additional earned income, use next page

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Reporting Individual's Name
Richard J. Durbin

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
American International Group	honoraria	2,000.00	
Food Marketing Institute (6-7-90)	"	1,000.00	
Distilled Spirits (6-15-90)	"	2,000.00	
Association of American Cancer Institutes(6-66-90)	"	2,000.00	
Illinois Cable Television Association (5-30-90)	"	1,500.00	
Wunder, Ryan, Cann & Theren (9-27-90)	"	1,000.00	
The Upjohn Company (7-21-90)	"	2,000.00	
Chicago Board of Trade (11-7-90)	"	1,500.00	
Chicago Mercantile Exchange (11-7-90)	"	1,500.00	
Health R Us (9-19-90)	"	1,000.00	
American Society for Cell Biology (10-3-90)	"	1,000.00	

Reporting Individual's Name
Richard J. Durbin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Hadson Petroleum Inc.		X										X					X									
JT	First of Springfield		X										X					X									
JT	Credit Union One, Spfld, IL		X										X					X									
JT	Congressional Fed. Credit Union		X										X						X								
JT	City of San Diego MRB		X										X						X								
JT	Fairbanks Plaza Ltd. Partnership			X									X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Richard J. Durbin

BLOCK A	Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	A. G. Edwards		x								x							x									
JT	Merrill Lynch		x								x								x								
	Fidelity Cash Reserves(IRA/RJD)		x																								x
S	Fidelity Cash Reserves(IRA/LMD)		x																								x
	Merrill Lynch (Keogh/RJD)			x																							x
	ML (IRA/RJD)		x																								x
S	ML (IRA/LMD)		x																								x
	John Hancock Life Ins. (RJD)		x																								
S	Pacific Horizon (IRA/LMD)		x											x				x									x
JT	Texas Instruments (150 sh)		x											x				x									x

Reporting Individual's Name
Richard J. Durbin

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	150 sh Texas Instruments		x		4-12-90	x						
	(see attached sheet and printouts)											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Carold Corp.	mortgage on 1525 Bates Springfield IL		x					
JT	First of American - Springfield	Personal note (520 Chenery)	x						

PART IV - TRANSACTIONS

- * Merrill-Lynch (JT) - monthly dividend reinvestments
- * Fidelity Cash Reserves (IRA/RJD) - exchange - 10/1/90 - $13,987
- * Fidelity Cash Reserves (IRA/LMD) - exchange - 10/1/90 - $13,987
- * Merrill-Lynch (Keogh/RJD) - monthly dividend reinvestments
- * Merrill-Lynch (IRA/RJD) - monthly dividend reinvestments
- * Merrill-Lynch (IRA/LMD) - monthly dividend reinvestments
- * Pacific-Horizon (IRA-LMD) - exchange - 6/29/89 - $45,101

* Printouts Attached

TOLL FREE: 800-544-6666
P.O. BOX 669602
DALLAS TX 75266

PAGE 1

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
NOVEMBER 23, 1989 THRU FEBRUARY 21, 1990

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON FEBRUARY 21, 1990	$0.00	$14,762.27	$14,762.27
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$15,414.32	$15,414.32
NET CHANGE	$0.00	($652.05)	($652.05)
PERCENT CHANGE	N/A	(4.23)%	(4.23)%

YOUR INVESTMENT PORTFOLIO

SECURITY DESCRIPTION	INVESTMENT NUMBER OR SYMBOL	SHARES/ QUANTITY	PRICE	MARKET VALUE
RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY MANAGEMENT TRUST CO. - CUSTODIAN T009241892				
FIDELITY MAGELLAN FUND	021 0206255606	261.4180	$56.470	$14,762.27
				$14,762.27

MUTUAL FUND INCOME SUMMARY

FUND INVESTMENT NUMBER	INCOME CATEGORY	INCOME PRIOR YEAR	INCOME THIS PERIOD	INCOME YEAR-TO-DATE
RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY MANAGEMENT TRUST CO. - CUSTODIAN				
FIDELITY MAGELLAN FUND 0206255606				
	INCOME DISTRIBUTIONS	$382.60	$280.95	
	SHORT TERM CAP GAINS	$505.32	$315.13	
	LONG TERM CAP GAINS	$425.05	$425.05	

MUTUAL FUND ACTIVITY DETAIL

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY MANAGEMENT TRUST CO. - CUSTODIAN						
FIDELITY MAGELLAN FUND 0206255606						
11-23	11-23	BEGINNING BALANCE		$63.06	$15,414.32	244.439
12-01	12-01	RETIREMENT SERVICE FEE	(0.156)	$64.10	($10.00)	244.283
12-13	12-27	INCOME REINVEST	4.714	$59.59	$280.95	248.997
12-13	12-27	SHORT TERM C G REINV	5.288	$59.59	$315.13	254.285
12-13	12-27	CAP GAIN REINVEST	7.133	$59.59	$425.05	261.418
02-21	02-21	ENDING BALANCE		$56.47	$14,762.27	261.418

3 13 000821477

P.O. BOX 660602
DALLAS TX 75266

FIDELITY PRODUCT LINE: 800-544-8888
FIDELITY SERVICE LINE: 800-544-6666
FAST: 800-544-6400

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
FEBRUARY 22, 1990 THRU MAY 23, 1990

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON MAY 23, 1990	$0.00	$16,159.76	$16,159.76
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$14,762.27	$14,762.27
NET CHANGE	$0.00	$1,397.49	$1,397.49
PERCENT CHANGE	N/A	9.47 %	9.47 %

YOUR INVESTMENT PORTFOLIO

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN - T009241892

SECURITY DESCRIPTION	INVESTMENT NUMBER OR SYMBOL	SHARES/ QUANTITY	PRICE	MARKET VALUE
FIDELITY MAGELLAN FUND	021 0206255606	271.8210	$59.450	$16,159.76
				$16,159.76

MUTUAL FUND INCOME SUMMARY

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN

FUND INVESTMENT NUMBER	INCOME CATEGORY	THIS PERIOD	YEAR-TO-DATE
FIDELITY MAGELLAN FUND 0206255606			
	INCOME DISTRIBUTIONS	$78.43	$78.43
	SHORT TERM CAP GAINS	$274.49	$274.49
	LONG TERM CAP GAINS	$230.05	$230.05

MUTUAL FUND ACTIVITY DETAIL

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN

FIDELITY MAGELLAN FUND 0206255606

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
02-22	02-22	BEGINNING BALANCE		$56.47	$14,762.27	261.418
05-04	05-04	INCOME REINVEST	1.400	$56.04	$78.43	262.818
05-04	05-04	SHORT TERM C G REINV	4.898	$56.04	$274.49	267.716
05-04	05-04	CAP GAIN REINVEST	4.105	$56.04	$230.05	271.821
05-23	05-23	ENDING BALANCE		$59.45	$16,159.76	271.821

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PAGE 1
FOR ACCOUNT ASSISTANCE: 800-544-6666

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
MAY 24, 1990 THRU AUGUST 24, 1990

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON AUGUST 24, 1990	$0.00	$14,121.10	$14,121.10
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$16,159.76	$16,159.76
NET CHANGE	$0.00	($2,038.66)	($2,038.66)
PERCENT CHANGE	N/A	(12.62)%	(12.62)%

YOUR INVESTMENT PORTFOLIO

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN - T009241892

FIDELITY MAGELLAN FUND	021	0296255606	271.8219	$51.950	$14,121.10
					$14,121.10

MUTUAL FUND INCOME SUMMARY

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN

			YEAR-TO-DATE
FIDELITY MAGELLAN FUND	0296255606		
		INCOME DISTRIBUTIONS	$78.43
		SHORT TERM CAP GAINS	$274.49
		LONG TERM CAP GAINS	$230.05

MUTUAL FUND ACTIVITY [illegible]

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN
FIDELITY MAGELLAN FUND 0296255606

TRADE DATE	[illegible] DATE					
05-24	05-24	BEGINNING BALANCE		$59.45	$16,159.76	271.821
08-24	08-24	ENDING BALANCE		$51.95	$14,121.10	271.821

INFORMATION ABOUT YOUR FIDELITY STATEMENT

PLEASE NOTE THAT YOU WILL RECEIVE A STATEMENT FOR YOUR ACCOUNT DURING FEBRUARY, MAY, AUGUST AND NOVEMBER. IN ADDITION, YOU WILL RECEIVE A STATEMENT FOR EVERY MONTH DURING WHICH YOU HAVE WRITTEN CHECKS.

Fidelity Investments®

P.O. BOX 660602
DALLAS TX 75266

PAGE 1

EXCHANGE/REDEMPTIONS	: 800-544-7777	ACCOUNT ASSISTANCE	: 800-544-6666
ACCOUNT BALANCES	: 800-544-7544	RETIREMENT ACCT ASSIST	: 800-544-4774
MUTUAL FUND QUOTES	: 800-544-8544	TAX REPORTING ASSIST	: 800-544-1077

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
AUGUST 23, 1990 THRU NOVEMBER 23, 1990

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON NOVEMBER 23, 1990	$0.00	$14,073.26	$14,073.26
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$14,121.10	$14,121.10
NET CHANGE	$0.00	($47.84)	($47.84)
PERCENT CHANGE	N/A	(0.34)%	(0.34)%

YOUR INVESTMENT PORTFOLIO [illegible]

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN
T009241892

SECURITY DESCRIPTION	INVESTMENT NUMBER OR SYMBOL	SHARES/PAR QUANTITY	PRICE	MARKET VALUE
FIDELITY MAGELLAN FUND	021 0204255606	0.0000	$52.080	$0.00
FIDELITY CASH RESERVES	055 0375720349	14,073.2600	$1.000	$14,073.26
				$14,073.26

MUTUAL FUND INCOME SUMMARY

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN

FUND INVESTMENT NUMBER	INCOME CATEGORY	STATEMENT PERIOD	YEAR-TO-DATE
FIDELITY MAGELLAN FUND 0204255606			
	INCOME DISTRIBUTIONS		$76.45
	SHORT TERM CAP GAINS		$276.49
	LONG TERM CAP GAINS		$230.86
FIDELITY CASH RESERVES 0375720349			
	INCOME DISTRIBUTIONS	$85.38	$85.38

MUTUAL FUND ACTIVITY DETAIL

RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN
FIDELITY MAGELLAN FUND 0204255606

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
08-25	08-25	BEGINNING BALANCE		$51.95	$14,121.10	271.821
10-01	10-01	EXCHANGE REDEMPTION	(271.821)	$51.46	($13,987.91)	0.000
11-23	11-23	ENDING BALANCE		$52.08		0.000

Fidelity Investments

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
AUGUST 25, 1990 THRU NOVEMBER 23, 1990

MUTUAL FUND ACTIVITY DETAIL

FIDELITY CASH RESERVES 0575720340

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
[illegible]	[illegible]	BEGINNING BALANCE				0.000
10-01	10-01	EXCHANGE PURCHASE	13,987.910	$1.00	$13,987.91	13,987.910
10-31	11-01	INCOME REINVEST	85.350	$1.00	$85.35	14,073.260
11-23	11-23	ENDING BALANCE		$1.00	$14,073.26	14,073.260

INFORMATION ABOUT YOUR FIDELITY STATEMENT

PLEASE NOTE THAT YOU WILL RECEIVE A STATEMENT FOR YOUR ACCOUNT DURING FEBRUARY, MAY, AUGUST AND NOVEMBER. IN ADDITION, YOU WILL RECEIVE A STATEMENT FOR EVERY MONTH DURING WHICH YOU HAVE WRITTEN CHECKS.

DO YOU EARN ANY SELF-EMPLOYED INCOME? FROM NOW UNTIL DECEMBER 31, WE'RE OFFERING FIDELITY GROWTH & INCOME PORTFOLIO NO-LOAD FOR YOUR FIDELITY SEP-IRA OR FIDELITY RETIREMENT PLAN (KEOGH). CALL TODAY FOR DETAILS!

PART VI–TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Richard J. Durbin

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors Corp.	videotapes "Civil War Series"	$129.00 est.

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Education Association	4/11/90	airfare from Wash. DC. to San Francisco, return to Spfld, IL, one day food and lodging	
The Connell Company	5/1/90	airfare from Wash.DC, New Jersey, Springfield IL	
American International Group	6/11/90	airfare from Springfield IL, to New York, to Wash.DC	
Association of American Cancer Institutes	6/21-22/90	airfare from Washington DC to Rochester MN, return to Chicago; one night lodging; food	
Illinois Cable Television	5/30/90 6/1/90	airfare from Springfield IL to Chicago IL return to Springfield IL; one night lodging food	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

continuation sheet - Richard J. Durbin

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more re by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the trav a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse
American Society for Cell Biology		12/10/90 12/16/90	roundtrip airfare, Springfield, IL to San Francisco; one day food and lodging, self and spouse
			(extra days at own expense)
Jewish United Fund of Metropolitan Chicago		1/12/90 1/19/90	roundtrip airfare, Chicago, Zurich, Tel Aviv, Zurich; 8 days food and lodging, self and spouse
			fact-finding

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Richard J. Durbin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Catholic Charities - Springfield, IL
Assoc. Professor	S.I.U. School of Medicine, Springfield IL

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Richard J. Durbin

DATE (Month, Day, Year): 5-15-91

Fidelity Investments **Confirmation Statement and Invest-By-Mail Form**

Please return this portion with your check made payable to: PAGE 01

FIDELITY CASH RESERVES

FIDELITY TRUST CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY INVESTMENTS
PO BOX 620024
DALLAS,TX 75262-0024

To invest in a fund other than above, mark X in pencil and complete reverse side.

* Amount of Investment
$

MINIMUM: $250

T-Account No.

Fund—Account No. T009241892

055 0375720349 12 702

Please keep this portion for your records— 10/01/90 FIDELITY CASH RESERVES

Name Code T-Account No.

DURBIN-RIC T009241892

Trade Date	Transactions	Dollar Amount	New Share Balance
10/01	YOU SOLD 271.821 SHARES OF MAGELLAN A/C 206255606 AT 51.46 PER SHARE.	13,987.91	0.000
10/01	YOU BOUGHT 13987.910 SHARES OF CASH-RESER A/C 375720349 AT 1.00 PER SHARE.	13,987.91	13,987.910

DO YOU EARN ANY SELF-EMPLOYED INCOME? FROM NOW UNTIL DECEMBER 31, WE'RE OFFERING FIDELITY GROWTH & INCOME PORTFOLIO NO-LOAD FOR YOUR FIDELITY SEP-IRA OR FIDELITY RETIREMENT PLAN (KEOGH). CALL TODAY FOR DETAILS!

*** CURRENT MARKET VALUE ON 10/01/90 13,987.91

Account questions? Customer service open 24 hours. Call toll-free (800) 544-6666.

Fidelity Investments®

P.O. BOX 660602
DALLAS TX 75266

PAGE 1

EXCHANGE/REDEMPTIONS : 800-544-7777 ACCOUNT BALANCES : 800-544-7544
TAX REPORTING ASSIST : 800-544-1077 ACCOUNT ASSISTANCE : 800-544-6666
RETIREMENT ACCT ASSIST: 800-544-4774 MUTUAL FUND QUOTES : 800-544-8544

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

Trade –
U13052614

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
NOVEMBER 24, 1990 THRU FEBRUARY 21, 1991

Asset MGR 314/3759:4593

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON FEBRUARY 21, 1991	$0.00	$14,327.12	$14,327.12
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$14,073.26	$14,073.26
NET CHANGE	$0.00	$253.86	$253.86
PERCENT CHANGE	N/A	1.80 %	1.80 %

YOUR INVESTMENT PORTFOLIO

SECURITY DESCRIPTION	INVESTMENT NUMBER OR SYMBOL	SHARE QUANTITY	PRICE	[illegible]
RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN T009241892				
FIDELITY MAGELLAN FUND	021 0206258606	0.0000	$62.140	$0.00
FIDELITY CASH RESERVES	055 0875720349	14,327.1200	$1.000	$14,327.12
				$14,327.12

MUTUAL FUND INCOME SUMMARY

FUND - INVESTMENT NUMBER	INCOME CATEGORY	[illegible]	[illegible]	[illegible]
RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN				
FIDELITY MAGELLAN FUND 0206258606	INCOME DISTRIBUTIONS	$70.43		
	SHORT TERM CAP GAINS	$274.49		
	LONG TERM CAP GAINS	$230.05		
FIDELITY CASH RESERVES 0875720349	INCOME DISTRIBUTIONS	$260.89	$263.86	$88.32

MUTUAL FUND ACTIVITY DETAIL

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
RICHARD J DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN						
FIDELITY CASH RESERVES 0875720349						
11-24	11-24	BEGINNING BALANCE		$1.00	$14,073.26	14,073.260
11-30	12-[illegible]	INCOME REINVEST	86.200	$1.00	$86.20	14,159.460
12-07	12-07	RETIREMENT SERVICE FEE	(10.000)	$1.00	($10.00)	14,149.460
12-31	01-01	INCOME REINVEST	89.340	$1.00	$89.34	14,238.800
01-31	02-01	INCOME REINVEST	88.320	$1.00	$88.32	14,327.120
02-21	02-21	ENDING BALANCE		$1.00	$14,327.12	14,327.120

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PAGE 2

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T009241892

STATEMENT PERIOD
NOVEMBER 24, 1990 THRU FEBRUARY 21, 1991

[illegible] INFORMATION ABOUT YOUR [illegible] STATEMENT

PLEASE NOTE THAT YOU WILL RECEIVE A STATEMENT FOR YOUR ACCOUNT DURING FEBRUARY, MAY, AUGUST AND NOVEMBER. IN ADDITION, YOU WILL RECEIVE A STATEMENT FOR EVERY MONTH DURING WHICH YOU HAVE WRITTEN CHECKS.

LOOKING FOR AN EASY-TO-MANAGE INVESTMENT PLAN? FIDELITY AUTOMATIC ACCOUNT BUILDER GIVES YOU THE CONTROL AND FLEXIBILITY TO MAKE INVESTING EASY AND AUTOMATIC. PLUS, YOU CAN MAKE REGULAR INVESTMENTS INTO YOUR MUTUAL FUND ACCOUNT WITH AS LITTLE AS $100. CALL ACCOUNT ASSISTANCE AT 1-800-544-6666 FOR MORE INFORMATION.

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DALLAS TX 75266

PAGE 1

EXCHANGE/REDEMPTIONS : 800-544-7777 ACCOUNT BALANCES : 800-544-7544
TAX REPORTING ASSIST : 800-544-1877 ACCOUNT ASSISTANCE : 800-544-6666
RETIREMENT ACCT ASSIST: 800-544-4774 MUTUAL FUND QUOTES : 800-544-8544

LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T008504067

STATEMENT PERIOD
NOVEMBER 24, 1990 THRU FEBRUARY 21, 1991

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON FEBRUARY 21, 1991	\$0.00	\$14,327.12	\$14,327.12
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	\$0.00	\$14,073.26	\$14,073.26
NET CHANGE	\$0.00	\$253.86	\$253.86
PERCENT CHANGE	N/A	1.80 %	1.80 %

YOUR INVESTMENT PORTFOLIO

LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN
T008504067

SECURITY DESCRIPTION	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
FIDELITY MAGELLAN FUND	0EX [illegible]	5.0000	\$65.140		\$0.00
FIDELITY CASH RESERVES	0EX [illegible]	14,327.1200	\$1.000		\$14,327.12
					\$14,327.12

MUTUAL FUND INCOME SUMMARY

LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN

FUND INVESTMENT NUMBER	INCOME CATEGORY	[illegible]	[illegible]	YEAR-TO-DATE
FIDELITY MAGELLAN FUND [illegible]				
	INCOME DISTRIBUTIONS	\$70.45		
	SHORT TERM CAP GAINS	\$274.49		
	LONG TERM CAP GAINS	\$230.86		
FIDELITY CASH RESERVES [illegible]				
	INCOME DISTRIBUTIONS	\$260.09	\$263.86	\$88.32

MUTUAL FUND ACTIVITY DETAIL

LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN
FIDELITY CASH RESERVES 0575721974

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	$/SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
11-24	11-24	BEGINNING BALANCE		\$1.00	\$14,073.26	14,073.260
11-30	12-01	INCOME REINVEST	86.200	\$1.00	\$86.20	14,159.460
12-07	12-07	RETIREMENT SERVICE FEE	(10.000)	\$1.00	(\$10.00)	14,149.460
12-31	01-01	INCOME REINVEST	89.340	\$1.00	\$89.34	14,238.800
01-31	02-01	INCOME REINVEST	88.320	\$1.00	\$88.32	14,327.120
02-21	02-21	ENDING BALANCE		\$1.00	\$14,327.12	14,327.120

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LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T008504067

STATEMENT PERIOD
NOVEMBER 24, 1990 THRU FEBRUARY 21, 1991

[illegible] INFORMATION ABOUT YOUR FIDELITY STATEMENT

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PAGE 1

EXCHANGE/REDEMPTIONS	: 800-544-7777	ACCOUNT ASSISTANCE	: 800-544-6666
ACCOUNT BALANCES	: 800-544-7544	RETIREMENT ACCT ASSIST	: 800-544-4774
MUTUAL FUND QUOTES	: 800-544-8544	TAX REPORTING ASSIST	: 800-544-1877

LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T008504067

STATEMENT PERIOD
AUGUST 25, 1990 THRU NOVEMBER 23, 1990

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON NOVEMBER 23, 1990	$0.00	$14,073.26	$14,073.26
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$14,121.10	$14,121.10
NET CHANGE	$0.00	($47.84)	($47.84)
PERCENT CHANGE	N/A	(0.34)%	(0.34)%

YOUR INVESTMENT PORTFOLIO

SECURITY DESCRIPTION	INVESTMENT NUMBER OR SYMBOL	QUANTITY	PRICE	[illegible]
LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN T008504067				
FIDELITY MAGELLAN FUND	021 0206255614	0.0000	$52.020	$0.00
FIDELITY CASH RESERVES	055 0575721974	14,073.2600	$1.000	$14,073.26
				$14,073.26

MUTUAL FUND INCOME SUMMARY

FUND - INVESTMENT NUMBER	INCOME CATEGORY	[illegible]	THIS PERIOD	YEAR-TO-DATE
LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN				
FIDELITY MAGELLAN FUND 0206255614	INCOME DISTRIBUTIONS			$70.42
	SHORT TERM CAP GAINS			$275.45
	LONG TERM CAP GAINS			$234.06
FIDELITY CASH RESERVES 0575721974	INCOME DISTRIBUTIONS		$85.35	$85.35

MUTUAL FUND ACTIVITY DETAIL

TRADE DATE	SETTLE DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY TRUST CO - CUSTODIAN						
FIDELITY MAGELLAN FUND 0206255614						
08-25	08-25	BEGINNING BALANCE		$51.95	$14,121.10	271.821
10-01	10-0[illegible]	EXCHANGE REDEMPTION	(271.821)	$51.46	($13,987.91)	0.000
11-23	11-23	ENDING BALANCE		$52.02		0.000

Fidelity Investments

LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T008504067

STATEMENT PERIOD
AUGUST 25, 1990 THRU NOVEMBER 23, 1990

MUTUAL FUND ACTIVITY DETAIL

FIDELITY CASH RESERVES 0675721974

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
09-01	09-01	BEGINNING BALANCE				0.000
10-01	10-01	EXCHANGE PURCHASE	13,987.910	$1.00	$13,987.91	13,987.910
10-31	11-01	INCOME REINVEST	885.350	$1.00	885.35	14,873.260
11-23	11-23	ENDING BALANCE		$1.00	$14,873.26	14,873.260

INFORMATION ABOUT YOUR FIDELITY STATEMENT

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DALLAS TX 75266

PAGE 1
FOR ACCOUNT ASSISTANCE: 800-544-6666

LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T008504067

STATEMENT PERIOD
MAY 24, 1990 THRU AUGUST 24, 1990

YOUR INVESTMENT PORTFOLIO SUMMARY

NET VALUE OF YOUR PORTFOLIO ON AUGUST 24, 1990	$0.00	$14,121.10	$14,121.10
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$16,159.76	$16,159.76
NET CHANGE	$0.00	($2,038.66)	($2,038.66)
PERCENT CHANGE	N/A	(12.62)%	(12.62)%

YOUR INVESTMENT PORTFOLIO

LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN - T008504067

FIDELITY MAGELLAN FUND	021 0294255614	271.8210	$51.950	$14,121.10	
				$14,121.10	

MUTUAL FUND INCOME SUMMARY

LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN

FUND INVESTMENT NUMBER	INCOME CATEGORY	YEAR-TO-DATE
FIDELITY MAGELLAN FUND 0294255614		
	INCOME DISTRIBUTIONS	$78.43
	SHORT TERM CAP GAINS	$274.49
	LONG TERM CAP GAINS	$230.85

MUTUAL FUND ACCOUNT DETAIL

LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT
FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN
FIDELITY MAGELLAN FUND 0294255614

TRADE DATE	CONFIRM DATE	[illegible]	SHARE QUANTITY	[illegible]	[illegible]	SHARE BALANCE
05-24	05-24	BEGINNING BALANCE		$59.45	$16,159.76	271.821
08-24	08-24	ENDING BALANCE		$51.95	$14,121.10	271.821

INFORMATION ABOUT YOUR [illegible] STATEMENT

PLEASE NOTE THAT YOU WILL RECEIVE A STATEMENT FOR YOUR ACCOUNT DURING FEBRUARY, MAY, AUGUST AND NOVEMBER. IN ADDITION, YOU WILL RECEIVE A STATEMENT FOR EVERY MONTH DURING WHICH YOU HAVE WRITTEN CHECKS.

P.O. BOX 660602
DALLAS TX 75266

FIDELITY PRODUCT LINE: 800-544-8888
FIDELITY SERVICE LINE: 800-544-6666
FAST: 800-544-6600

LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

CUSTOMER NUMBER: T008504067

STATEMENT PERIOD
FEBRUARY 22, 1990 THRU MAY 23, 1990

YOUR INVESTMENT PORTFOLIO SUMMARY

	NON-RETIREMENT	RETIREMENT	TOTAL
NET VALUE OF YOUR PORTFOLIO ON MAY 23, 1990	$0.00	$16,159.76	$16,159.76
NET VALUE OF YOUR PORTFOLIO ON YOUR LAST STATEMENT	$0.00	$14,762.27	$14,762.27
NET CHANGE	$0.00	$1,397.49	$1,397.49
PERCENT CHANGE	N/A	9.47 %	9.47 %

YOUR INVESTMENT PORTFOLIO

SECURITY DESCRIPTION	INVESTMENT NUMBER OR SYMBOL	SHARE QUANTITY	PRICE	MARKET VALUE
LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN - T008504067				
FIDELITY MAGELLAN FUND	021 0206255414	271.8210	$59.450	$16,159.76
				$16,159.76

MUTUAL FUND INCOME SUMMARY

FUND INVESTMENT NUMBER	INCOME CATEGORY	THIS PERIOD	YEAR-TO-DATE
LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN			
FIDELITY MAGELLAN FUND 0206255414	INCOME DISTRIBUTIONS	$78.43	$78.43
	SHORT TERM CAP GAINS	$274.49	$274.49
	LONG TERM CAP GAINS	$230.05	$230.05

MUTUAL FUND ACTIVITY DETAIL

TRADE DATE	CONFIRM DATE	TRANSACTION DESCRIPTION	SHARE QUANTITY	SHARE PRICE	DOLLAR AMOUNT	SHARE BALANCE
		LORETTA M DURBIN INDIVIDUAL RETIREMENT ACCOUNT FIDELITY U.S. DEPOSITORY TRUST CO - CUSTODIAN FIDELITY MAGELLAN FUND 0206255414				
02-22	02-22	BEGINNING BALANCE		$56.47	$14,762.27	261.418
05-04	05-04	INCOME REINVEST	1.400	$56.04	$78.43	262.818
05-04	05-04	SHORT TERM C G REINV	4.898	$56.04	$274.49	267.716
05-04	05-04	CAP GAIN REINVEST	4.105	$56.04	$230.05	271.821
05-23	05-23	ENDING BALANCE		$59.45	$16,159.76	271.821

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 12/30/89 TO 01/26/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$.01CR
AS OF 01/26/90. . . .	$20,453.34	THIS YEAR	$.01CR

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 30	OPENING BALANCE			$.31CR
01 08	FEE	1989 RET CUST FEE		$50.00
01 09	RECEIVED	6 ML RETIRMT RESERVES		
01 09	REDEEMED	6 ML RETIRMT RESERVES		$6.00CR
01 26	CLOSING BALANCE			$43.69DR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
757.0130	ML FD FOR TOMORROW CL B	15.290	$11574	1.75	$203
386.6940	ML CAPITAL FUND/CL B	22.990	$8890	5.67	$504
3	ML RET BENEFIT INV CL B	11.320	$33	3.02	$1
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$20497		$708

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 12/30	CLOSING BALANCE AS OF 01/26	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$6.02	$.03	$.01	$.01

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.61%

TAKE ADVANTAGE OF THE NEW INVESTMENT OPPORTUNITIES SHAPING UP IN EUROPE. ASK YOUR MERRILL LYNCH FINANCIAL CONSULTANT FOR DETAILS.

[illegible] END OF STATEMENT JANUARY, 1990

[illegible]

CODE [illegible]

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 01/27/90 TO 02/23/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$.00
AS OF 02/23/90. . . .	$20,086.51	THIS YEAR	$.01CR

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 27	OPENING BALANCE			$43.69DR
02 22	JOURNAL ENTRY	CHARGE OFF		$.17CR
02 23	CLOSING BALANCE			$43.52DR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
757.0130	ML FD FOR TOMORROW CL B	14.800	$11203	1.81	$203
386.6940	ML CAPITAL FUND/CL B	23.000	$8893	5.67	$504
3	ML RET BENEFIT INV CL B	11.340	$34	3.02	$1
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$20130		$708

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 01/27	CLOSING BALANCE AS OF 02/23	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$.03	$.03	$.00	$.01

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.49%

REMEMBER TO MAKE YOUR 1989 CONTRIBUTIONS BEFORE YOUR TAX-FILING DEADLINE.

[illegible] END OF STATEMENT FEBRUARY, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE [illegible] (R 1-88)

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Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 14389	6009	1	493-46-1338

STATEMENT PERIOD	EIN NUMBER
02/24/90 TO 03/30/90	37-1114377

FINANCIAL CONSULTANT	ACCOUNT TYPE
DANIEL DONDANVILLE (217) 525-4200	PROFIT SHARING

OFFICE SERVING YOUR ACCOUNT	YR PLAN EST
230 S. SIXTH STREET SPRINGFIELD, IL 62701	1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

/ALUATION OF PRICED PORTFOLIO
AS OF 12/31/89. . . . $22,188.33
AS OF 03/30/90. . . . $20,709.03

DIVIDEND/INTEREST
THIS PERIOD .... $.00
THIS YEAR .... $.01CR

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
)2 24	OPENING BALANCE			$43.52DR
)2 26	SOLD	3 ML FD FOR TOMORROW CL B PRICE REFLECTS 12B1 SALE		$43.52CR
)3 30	CLOSING BALANCE			$.00

\$21,032
+3260

*****

INVESTMENTS IN YOUR ACCOUNT

		ET JE	CURR. YIELD	EST. INCOME
754.0130	ML FD FOR TOM	504	1.74	$202
386.6940	ML CAPITAL FU	)71	5.56	$504
3	ML RET BENEFI	334	2.93	$1

TOTAL MARKET VALUE OF PRIC 709 $707

MONEY FUND POSITIONS @ $1.00 PER SHARE
OPENIN AS O
) DIVIDENDS YEAR TO DATE

L RETIREMENT RESERVES $.01

THE ML RETIREMENT RES 7.52%

PLAN NOW TO FEEL BETTER NE OR CALL
1-800-637-7455, EXT 7274, IES FOR 1990.

1047.34
4519.68
5567.02
3310
2257.02

END OF STATEMENT MARCH, 1990

CODE 8080 (R 1-C9)

Merrill Lynch

Merrill Lynch

230 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-14389	2/16/90	SOLD	3	15.29	45.87

SECURITY DESCRIPTION
ML FD FOR TOMORROW CL B
PRICE REFLECTS 12B1 SALES FEE

HANDLING/POSTAGE FEE	2.35
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	43.52
SETTLEMENT DATE	2/26/90

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 97073 CUSIP # 589910108
F/C # 6009 REF # 29085
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 14389	6009	1	493-46-1338

STATEMENT PERIOD	EIN NUMBER
03/31/90 TO 04/27/90	37-1114377

FINANCIAL CONSULTANT	ACCOUNT TYPE
DANIEL DONDANVILLE (217) 525-4200	PROFIT SHARING

OFFICE SERVING YOUR ACCOUNT	YR PLAN EST
230 S. SIXTH STREET SPRINGFIELD, IL 62701	1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$6.06CR
AS OF 04/27/90. . . .	$23,353.09	THIS YEAR	$6.07CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
04 17	FUNDS RECEIVED	PREV YR CONTRIBUTION AS OF 04/16/90		$3260.00CR
04 18	FUND DELIVERY	3260 ML RETIRMT RESERVES		
04 18	SUBSCRIPTION	3260 ML RETIRMT RESERVES		$3260.00
04 27	CLOSING BALANCE			$.00

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
754.0130	ML FD FOR TOMORROW CL B	14.910	$11242	1.80	$202
386.6940	ML CAPITAL FUND/CL B	22.790	$8812	5.72	$504
3	ML RET BENEFIT INV CL B	11.310	$33	5.40	$2
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$20087		$708

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 03/31	CLOSING BALANCE AS OF 04/27	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$.03	$3,266.09	$6.06	$6.07

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.70%

SEE THE ENCLOSED SPECIAL ISSUE OF THE "RETIREMENT SOURCE" NEWSLETTER FOR IMPORTANT UPDATES TO YOUR MERRILL LYNCH BASIC RETIREMENT PLAN.

000001-000021009 END OF STATEMENT APRIL, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5020 (R 1-89)

Merrill Lynch

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Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 14389	6009	1	493-46-1338

STATEMENT PERIOD	EIN NUMBER
04/28/90 TO 05/25/90	37-1114377

FINANCIAL CONSULTANT	ACCOUNT TYPE
DANIEL DONDANVILLE (217) 525-4200	PROFIT SHARING

OFFICE SERVING YOUR ACCOUNT	YR PLAN EST
230 S. SIXTH STREET SPRINGFIELD, IL 62701	1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$19.96CR
AS OF 05/25/90. . . .	$24,718.05	THIS YEAR	$26.03CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
754.0130	ML FD FOR TOMORROW CL B	.16.040	$12094	1.67	$202
386.6940	ML CAPITAL FUND/CL B	24.060	$9303	5.42	$504
3	ML RET BENEFIT INV CL B	11.820	$35	2.89	$1
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$21432		$707

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 04/28	CLOSING BALANCE AS OF 05/25	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,266.09	$3,286.05	$19.96	$26.03

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.89%

THE GOVERNMENT HAS MADE SEVERAL IMPORTANT CHANGES TO YOUR FORM 5500 FILING PROCEDURE FOR 1989. SEE THE ENCLOSED SPECIAL BULLETIN FOR DETAILS.

[illegible] END OF STATEMENT MAY, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE [illegible] (R 1-88)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 05/26/90 TO 06/29/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$24.97CR
AS OF 06/29/90. . . .	$25,209.02	THIS YEAR	$51.00CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
754.0130	ML FD FOR TOMORROW CL B	16.310	$12297	1.64	$202
386.6940	ML CAPITAL FUND/CL B — 3~. (+246)	24.740	$9566	5.27	$504
3	ML RET BENEFIT INV CL B	11.930	$35	2.91	$1
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$21898		$707

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 05/26	CLOSING BALANCE AS OF 06/29	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,286.05	$3,311.02	$24.97	$51.00

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.89%

****IMPORTANT TAX REPORTING INFORMATION****

close out
296

YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER ARE VITAL PIECES OF INFORMATION REQUIRED TO ENSURE THAT THE GOVERNMENT REPORTING DONE ON YOUR ACCOUNT IS ACCURATE. PLEASE VERIFY THE INFORMATION BELOW AND CONTACT YOUR FINANCIAL CONSULTANT IF ANY CHANGE IS NECESSARY. THANK YOU.

DATE OF BIRTH: NOVEMBER 21, 1944

SOCIAL SECURITY NUMBER: 493-46-1338

FOR A QUICK AND EASY WAY TO ADD MUTUAL FUNDS TO YOUR RETIREMENT ACCOUNT, ASK ABOUT OUR NEW RETIREMENT PLAN AUTOMATED INVESTMENT PROGRAM.

000002-000017102 END OF STATEMENT JUNE, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE [illegible]

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Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 06/30/90 TO 07/27/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$511.38CR
AS OF 07/27/90. . . .	$25,011.78	THIS YEAR	$562.38CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
07 17	DIVD REINV	6 ML FD FOR TOMORROW CL B AGENT REINV AMOUNT $108.90 REINV PRICE $16.00 QUANTITY BOT 6.8060		
07 17	DIVD REINV	10 ML FD FOR TOMORROW CL B AGENT REINV AMOUNT $161.41 REINV PRICE $16.00 QUANTITY BOT 10.0880		
07 17	*DIVIDEND	ML FD FOR TOMORROW/CL B		$108.90CR
07 17	REINVESTMENT	ML FD FOR TOMORROW/CL B		$108.90
07 17	*LG TM CAP GAIN	ML FD FOR TOMORROW/CL B		$161.41CR
07 17	REINVESTMENT	ML FD FOR TOMORROW/CL B		$161.41
07 17	DIVD REINV	9 ML CAPITAL FUND/CL B AGENT REINV AMOUNT $220.31 REINV PRICE $24.21 QUANTITY BOT 9.1000		
07 17	*DIVIDEND	ML CAPITAL FUND/CL B		$220.31CR
07 17	REINVESTMENT	ML CAPITAL FUND/CL B		$220.31
07 17	*DIVIDEND	ML RET BENEFIT INV/CL B		$.74CR
07 27	CLOSING BALANCE			$.74CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
770.9070	ML FD FOR TOMORROW CL B	15.620	$12041	1.75	$211
395.7940	ML CAPITAL FUND/CL B	24.270	$9605	5.43	$522
3	ML RET BENEFIT INV CL B	11.640	$34	4.25	$1
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$21680		$734

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 06/30	CLOSING BALANCE AS OF 07/27	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,311.02	$3,331.04	$20.02	$71.02

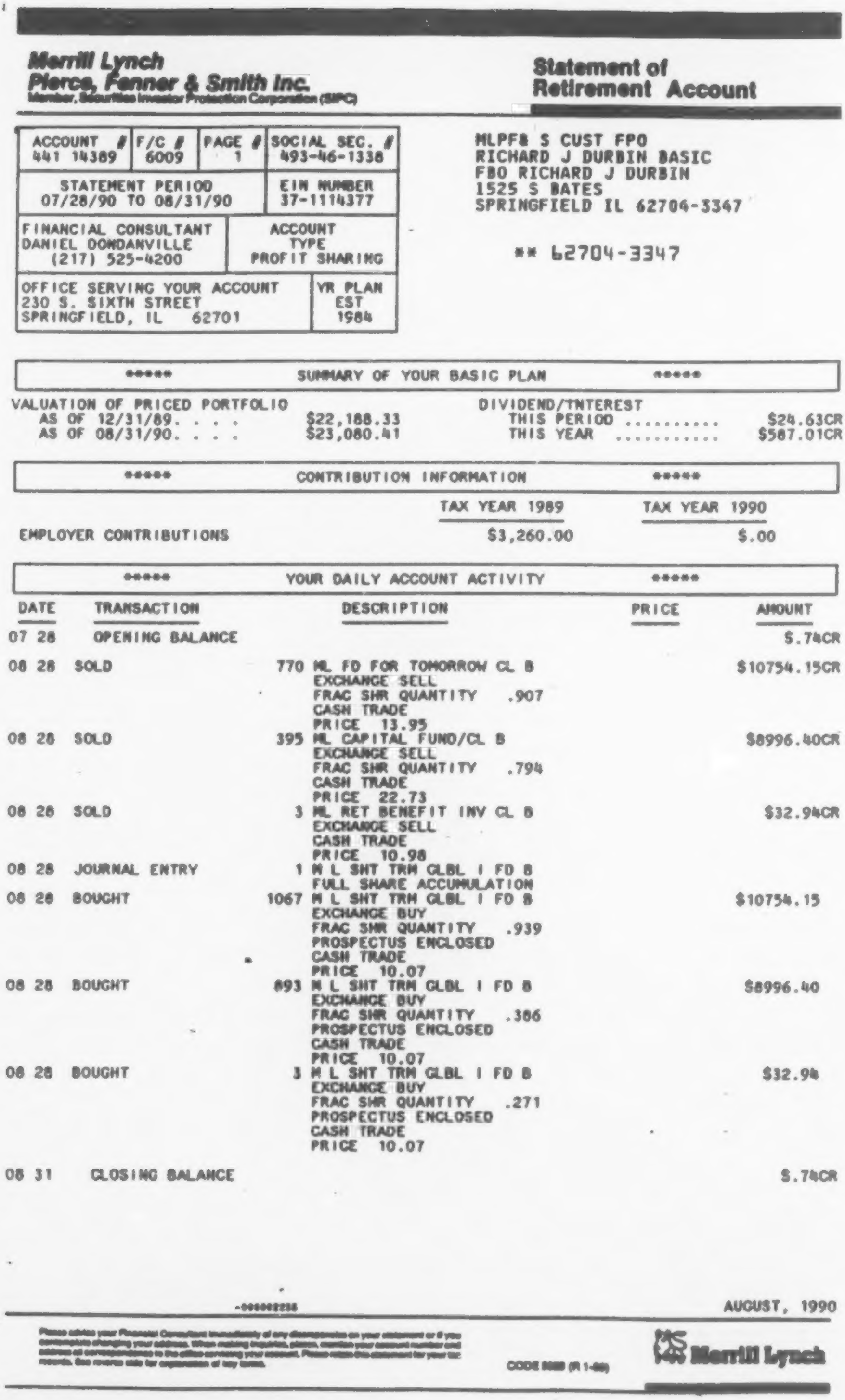
THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.88%

[illegible] END OF STATEMENT JULY, 1990

[illegible]

[illegible]

Merrill Lynch



Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 07/28/90 TO 08/31/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/TNTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$24.63CR
AS OF 08/31/90. . . .	$23,080.41	THIS YEAR	$587.01CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
07 28	OPENING BALANCE			$.74CR
08 28	SOLD	770 ML FD FOR TOMORROW CL B EXCHANGE SELL FRAC SHR QUANTITY .907 CASH TRADE PRICE 13.95		$10754.15CR
08 28	SOLD	395 ML CAPITAL FUND/CL B EXCHANGE SELL FRAC SHR QUANTITY .794 CASH TRADE PRICE 22.73		$8996.40CR
08 28	SOLD	3 ML RET BENEFIT INV CL B EXCHANGE SELL CASH TRADE PRICE 10.98		$32.94CR
08 28	JOURNAL ENTRY	1 M L SHT TRM GLBL I FD B FULL SHARE ACCUMULATION		
08 28	BOUGHT	1067 M L SHT TRM GLBL I FD B EXCHANGE BUY FRAC SHR QUANTITY .939 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.07		$10754.15
08 28	BOUGHT	893 M L SHT TRM GLBL I FD B EXCHANGE BUY FRAC SHR QUANTITY .386 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.07		$8996.40
08 28	BOUGHT	3 M L SHT TRM GLBL I FD B EXCHANGE BUY FRAC SHR QUANTITY .271 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.07		$32.94
08 31	CLOSING BALANCE			$.74CR

AUGUST, 1990

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 14389	6009	2	493-46-1338

MLPF& S CUST FPO
RICHARD J DURBIN BASIC

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
1964.5960 M L SHT TRM GLBL I FD B	10.040	$19724		
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$19724		

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 07/28	CLOSING BALANCE AS OF 08/31	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,331.04	$3,355.67	$24.63	$95.65

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.60%

ASK FOR OUR NEW MARKETWATCH WHICH DISCUSSES RECENT DEVELOPMENTS IN THE MIDDLE EAST AND THE RESULTING IMPACT ON VARIOUS MARKET SECTORS.

-********* END OF STATEMENT AUGUST, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE [illegible] (R 1-[illegible])

Merrill Lynch

Merrill Lynch
230 S. SIXTH STREET
SPRINGFIELD IL 62701
TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-14389	8/28/90	BOUGHT	1067	10.07	10754.15

SECURITY DESCRIPTION
M L SHT TRM GLBL I FD
EXCHANGE BUY
PROSPECTUS ENCLOSED

[redacted]

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	10754.15
SETTLEMENT DATE	8/28/90

MLPFE S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 976R2 CUSIP# 590193V205
F/C# 6009 REF# 25257
T.I.N.

[redacted]

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

Merrill Lynch

230 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof.

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-14389	8/28/90	SOLD	395	22.73	8996.40

SECURITY DESCRIPTION
ML CAPITAL FUND/CL B
EXCHANGE SELL.
CASH TRADE

FRAC SHR QUANTITY .794

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	8996.40
SETTLEMENT DATE	8/28/90

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC. # 974Y0 CUSIP # 590192209
F/C # 6009 REF # 25255
T.I.N.

EXECUTED: O.T.C.
WE ACTED AS PRINCIPAL.

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Merrill Lynch

230 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

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ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-14389	8/28/90	BOUGHT	3	10.07	32.94

SECURITY DESCRIPTION

M L SHT TRM GLBL I FD B
EXCHANGE BUY
PROSPECTUS ENCLOSED

FRAC SHR QUANTITY .271
CASH TRADE

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	32.94
SETTLEMENT DATE	8/28/90

MLPF&S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 976R2 CUSIP# 59019V205
F/C# 6009 REF# 25259
T.I.N.

EXECUTED O.T.C.
ACTED AS PRINCIPAL

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Merrill Lynch

230 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-14359	8/28/90	BOUGHT	893	10.07	8996.40

SECURITY DESCRIPTION
M L SHT TRM GLBL I FD B
EXCHANGE BUY
PROSPECTUS ENCLOSED

FRAC SHR QUANTITY .386
CASH TRADE

[redacted]

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	8996.40
SETTLEMENT DATE	8/28/90

MLPF&S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 976R2 CUSIP# 59019V205
F/C# 6009 REF# 25258
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

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Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 14389	6009	1	493-46-1338

STATEMENT PERIOD 09/01/90 TO 09/28/90	EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200	ACCOUNT TYPE PROFIT SHARING
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701	YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$142.23CR
AS OF 09/28/90. . . .	$23,183.06	THIS YEAR	$729.24CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 01	OPENING BALANCE			$.74CR
09 21	*DIVIDEND	ML SHT TRM GLBL I FD B		$122.58CR
09 21	REINVESTMENT	ML SHT TRM GLBL I FD B		$122.58
09 21	DIVD REINV	12 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $122.58 REINV PRICE $10.03 QUANTITY BOT 12.2210		
09 28	CLOSING BALANCE			$.74CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
1976.8170 M L SHT TRM GLBL I FD B	10.020	$19807	9.84	$1949
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$19807		$1949

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 09/01	CLOSING BALANCE AS OF 09/28	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,355.67	$3,375.32	$19.65	$115.30

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.61%

-000004120

SEPTEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 3020 (R 1-88)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 14389	6009	2	493-46-1338

MLPF& S CUST FPO
RICHARD J DURBIN BASIC

***** IMPORTANT CUSTODIAL FEE INFORMATION *****

YOUR CUSTODIAL FEE IS SCHEDULED TO BE PAID FROM YOUR RETIREMENT ACCOUNT.

YOUR 1990 CUSTODIAL FEE WILL BE PAID FROM THAT ACCOUNT IN DECEMBER, 1990. YOU MAY CHANGE YOUR METHOD OF PAYMENT BY CONTACTING YOUR FINANCIAL CONSULTANT BEFORE NOVEMBER 16, 1990. THE AMOUNT OF YOUR FEE WILL APPEAR ON YOUR DECEMBER, 1990 STATEMENT. THANK YOU.

SEE THE ENCLOSED NEWSLETTER FOR IMPORTANT FEE INFORMATION AFFECTING YOUR RETIREMENT PLAN ACCOUNT.

********* END OF STATEMENT

SEPTEMBER, 1990

[illegible]

CODE [illegible]

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 09/29/90 TO 10/26/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$174.72CR
AS OF 10/26/90. . . .	$23,279.97	THIS YEAR	$903.96CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 29	OPENING BALANCE			$.74CR
10 19	*DIVIDEND	ML SHT TRM GLBL I FD B		$154.81CR
10 19	REINVESTMENT	ML SHT TRM GLBL I FD B		$154.81
10 19	DIVD REINV	16 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $154.81 REINV PRICE $9.91 QUANTITY BOT 15.6220		
10 26	CLOSING BALANCE			$.74CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
1992.4390 M L SHT TRM GLBL I FD B	9.980	$19884	10.21	$2030
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$19884		$2030

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 09/29	CLOSING BALANCE AS OF 10/26	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,375.32	$3,395.23	$19.91	$135.21

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.65%

NOW YOU CAN SHOP THE NATIONAL CD MARKET BY TELEPHONE. SIMPLY CALL, TOLL-FREE, 1-800-637-1022, FOR CURRENT RATES ON CERTIFICATES OF DEPOSIT.

[illegible] END OF STATEMENT OCTOBER, 1990

[illegible]

CODE 3029 (R 1-89)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 10/27/90 TO 11/30/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$231.41CR
AS OF 11/30/90. . . .	$23,571.77	THIS YEAR	$1,135.37CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
10 27	OPENING BALANCE			$.74CR
11 26	*DIVIDEND	ML SHT TRM GLBL I FD B		$206.61CR
11 26	REINVESTMENT	ML SHT TRM GLBL I FD B		$206.61
11 26	DIVD REINV	21 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $206.61 REINV PRICE $9.97 QUANTITY BOT 20.7230		
11 30	CLOSING BALANCE			$.74CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
2013.1620 M L SHT TRM GLBL I FD B	10.010	$20151	9.94	$2003
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$20151		$2003

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 10/27	CLOSING BALANCE AS OF 11/30	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,395.23	$3,420.03	$24.80	$160.01

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.57%

TAKE ADVANTAGE OF TACTICS THAT COULD MINIMIZE YOUR TAXES. ASK YOUR FINANCIAL CONSULTANT FOR A FREE COPY OF 43 TAX SAVING IDEAS FOR INVESTORS.

000002-000020459 END OF STATEMENT NOVEMBER, 1990

[illegible]

CODE [illegible]

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 12/01/90 TO 12/31/90			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$22,188.33	THIS PERIOD	$221.58CR
AS OF 12/31/90. . . .	$23,648.35	THIS YEAR	$1,356.95CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
EMPLOYER CONTRIBUTIONS	$3,260.00	$.00

***** DISTRIBUTION INFORMATION *****

	TAX YEAR 1989	TAX YEAR 1990
	$.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 01	OPENING BALANCE			$.74CR
12 17	FEE	1990 CUSTODIAL FEE		$85.00
12 18	RECEIVED	85 ML RETIRMT RESERVES		
12 18	REDEEMED	85 ML RETIRMT RESERVES		$85.00CR
12 31	*DIVIDEND	ML SHT TRM GLBL I FD B		$198.66CR
12 31	CLOSING BALANCE			$199.40CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
2013.1620 M L SHT TRM GLBL I FD B	9.980	$20091	9.96	$2001
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$20091		$2001

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 12/01	CLOSING BALANCE AS OF 12/31	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,420.03	$3,357.95	$22.92	$182.93

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.98%

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE FAIR MARKET VALUE OF YOUR ACCOUNT AS OF 12/31/90. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO (CASH AND SECURITIES THAT WE ARE ABLE TO VALUE), AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED UNAVAILABLE.

VALUATION OF PRICED PORTFOLIO AS OF 12/31/90 $23,648.35

[illegible] END OF STATEMENT DECEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE [illegible]

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 14389	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1338
STATEMENT PERIOD 01/01/91 TO 01/25/91			EIN NUMBER 37-1114377
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE PROFIT SHARING	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1984

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** SUMMARY OF YOUR BASIC PLAN *****

VALUATION OF PRICED PORTFOLIO
AS OF 12/31/90. . . . $23,648.35
AS OF 01/25/91. . . . $23,732.72

DIVIDEND/INTEREST
THIS PERIOD $105.41CR
THIS YEAR $105.41CR

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 01	OPENING BALANCE			$199.40CR
01 02	REINVESTMENT	ML SHT TRM GLBL I FD B		
01 02	DIVD REINV	20 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $198.66 REINV PRICE $9.98 QUANTITY BOT 19.9060		$198.66
01 18	*DIVIDEND	ML SHT TRM GLBL I FD B		
01 18	REINVESTMENT	ML SHT TRM GLBL I FD B		$88.38CR
01 18	DIVD REINV	8 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $88.38 REINV PRICE $10.03 QUANTITY BOT 8.8120		$88.38
01 25	CLOSING BALANCE			$.74CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
2041.8800 M L SHT TRM GLBL I FD B	9.970	$20357	9.90	$2015
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$20357		$2015

MONEY FUND POSITIONS @ $1.00 PER SHARE	* OPENING BALANCE AS OF 01/01	CLOSING BALANCE AS OF 01/25	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$3,357.95	$3,374.98	$17.03	$17.03

THE ML RETIREMENT RESERVES CURRENT 30 DAY AVERAGE YIELD WAS 7.60%

IT'S NOT TOO LATE TO LOCK-IN HIGH YIELDS AS INTEREST RATES DECLINE. ASK YOUR FINANCIAL CONSULTANT FOR OUR LATEST FIXED INCOME MARKETS INSIGHT REPORT.

[illegible] END OF STATEMENT

JANUARY, 1991

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE [illegible] (R 2/80)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 16634	F/C # 6009	PAGE #	SOCIAL SEC. # 493-46-1388
STATEMENT PERIOD 12/30/89 TO 03/30/90			EIN NUMBER 00-0000000
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE IRA	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1983

MLPF& S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,209.02	THIS PERIOD	$1.01CR
AS OF 03/30/90. . . .	$5,060.03	THIS YEAR	$1.01CR

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	JANUARY	FEBRUARY	MARCH	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$.36	$.29	$.36	7.52

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 30	OPENING BALANCE			$.45CR
01 08	FEE	1989 RET CUST FEE		$30.00
01 09	RECEIVED	30 ML RETIRMT RESERVES		
01 09	REDEEMED	30 ML RETIRMT RESERVES		$30.00CR
03 30	CLOSING BALANCE			$.45CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
168.1990	ML CAPITAL FUND/CL B	23.460	$3945	5.56	$219
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	106.000	$1060	13.67	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$5005		$364

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 12/30	CLOSING BALANCE AS OF 03/30	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$83.57	$54.58	$1.01	$1.01

PLAN NOW TO FEEL BETTER NEXT APRIL 15. ASK YOUR FC FOR TAX TIPS, OR CALL 1-800-637-7455, EXT 7274, FOR A FREE COPY OF 17 TAX-SAVING STRATEGIES FOR 1990.

[illegible] END OF STATEMENT MARCH, 1990

[illegible]

CODE [illegible]

Merrill Lynch

Merrill Lynch
230 S. SIXTH STREET
SPRINGFIELD IL 62701
TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-14389	8/28/90	BOUGHT	1067	10.07	10754.15

SECURITY DESCRIPTION
M L SHT TRM GLBL I FD B
EXCHANGE BUY
PROSPECTUS ENCLOSED

[redacted]

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	10754.15
SETTLEMENT DATE	8/28/90

MLPF& S CUST FPO
RICHARD J DURBIN BASIC
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 976R2 CUSIP# 59019V205
F/C# 6009 REF# 25257
T.I.N.

[redacted]

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1030

Merrill Lynch
230 S. SIXTH STREET
SPRINGFIELD IL 62701
TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-16634	8/28/90	BOUGHT	388	10.07	3913.13

SECURITY DESCRIPTION
M L SHT TRM GLBL I FD B
EXCHANGE BUY
PROSPECTUS ENCLOSED

FRAC SHR QUANTITY .523
CASH TRADE

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	3913.13
SETTLEMENT DATE	8/28/90

MLPF&S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

SEC.# 976R2 CUSIP# 59019V205
F/C# 6009 REF# 25262
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

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Merrill Lynch

[illegible]
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-16634	8/28/90	SOLD	172	22.73	3913.13

SECURITY DESCRIPTION
ML CAPITAL FUND/CL B
EXCHANGE SELL
CASH TRADE

[redacted]

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	3913.13
SETTLEMENT DATE	8/28/90

MLPF&S CUST.FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

SEC.# 974Y0 CUSIP# 590192209
F/C# 6009 REF# 25261
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 16634	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1388
STATEMENT PERIOD 03/31/90 TO 06/29/90			EIN NUMBER 00-0000000
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE IRA	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1983

MLPF& S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,209.02	THIS PERIOD	$73.94CR
AS OF 06/29/90. . . .	$5,348.97	THIS YEAR	$74.95CR

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	APRIL	MAY	JUNE	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$.29	$.31	$.84	7.89

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 31	OPENING BALANCE			$.45CR
06 01	*BOND INTEREST	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006		$72.50CR
06 04	FUND DELIVERY	72 ML RETIRMT RESERVES		
06 04	SUBSCRIPTION	72 ML RETIRMT RESERVES		$72.00
06 29	CLOSING BALANCE			$.95CR

***** YOUR INVESTMENTS *****

Close [illegible] $163.64

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
168.1990	ML CAPITAL FUND/CL B	24.740	$4161	5.27	$219
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	105.999	$1059	13.67	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$5220		$364

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 03/31	CLOSING BALANCE AS OF 06/29	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$54.58	$128.02	$1.44	$2.45

****IMPORTANT TAX REPORTING INFORMATION****

YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER ARE VITAL PIECES OF INFORMATION REQUIRED TO ENSURE THAT THE GOVERNMENT REPORTING DONE ON YOUR ACCOUNT IS ACCURATE. PLEASE VERIFY THE INFORMATION BELOW AND CONTACT YOUR FINANCIAL CONSULTANT IF ANY CHANGE IS NECESSARY. THANK YOU.

DATE OF BIRTH: NOVEMBER 21, 1944

SOCIAL SECURITY NUMBER: 493-46-1388

000007-000161917 END OF STATEMENT JUNE, 1990

[illegible]

CODE [illegible] (R 1-[illegible])

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 16634	6009	2	493-46-1388

MLPF& S CUST FPO
RICHARD J DURBIN IRA

***** YOUR INVESTMENTS *****

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 06/30	CLOSING BALANCE AS OF 09/28	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$128.02	$130.63	$2.61	$5.06

***** IMPORTANT CUSTODIAL FEE INFORMATION *****

YOUR CUSTODIAL FEE IS SCHEDULED TO BE PAID FROM YOUR RETIREMENT ACCOUNT.

YOUR 1990 CUSTODIAL FEE WILL BE PAID FROM THAT ACCOUNT IN DECEMBER, 1990. YOU MAY CHANGE YOUR METHOD OF PAYMENT BY CONTACTING YOUR FINANCIAL CONSULTANT BEFORE NOVEMBER 16, 1990. THE AMOUNT OF YOUR FEE WILL APPEAR ON YOUR DECEMBER, 1990 STATEMENT. THANK YOU.

SEE THE ENCLOSED NEWSLETTER FOR IMPORTANT FEE INFORMATION AFFECTING YOUR RETIREMENT PLAN ACCOUNT.

-000005286 END OF STATEMENT SEPTEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5020 (R 1-89)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 16634	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1388
STATEMENT PERIOD 06/30/90 TO 09/28/90			EIN NUMBER 00-0000000
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE IRA	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1983

MLPF& S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,209.02	THIS PERIOD	$122.69CR
AS OF 09/28/90. . . .	$5,093.58	THIS YEAR	$197.64CR

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	JULY	AUGUST	SEPTEMBER	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$.80	$1.01	$.80	7.61

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION		DESCRIPTION	PRICE	AMOUNT
06 30	OPENING BALANCE				$.95CR
07 17	DIVD REINV	4	ML CAPITAL FUND/CL B AGENT REINV AMOUNT $95.83 REINV PRICE $24.21 QUANTITY BOT 3.9580		
07 17	*DIVIDEND		ML CAPITAL FUND/CL B		$95.83CR
07 17	REINVESTMENT		ML CAPITAL FUND/CL B		$95.83
08 28	SOLD	172	ML CAPITAL FUND/CL B EXCHANGE SELL FRAC SHR QUANTITY .157 CASH TRADE PRICE 22.73		$3913.13CR
08 28	BOUGHT	388	M L SHT TRM GLBL I FD B EXCHANGE BUY FRAC SHR QUANTITY .593 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.07		$3913.13
09 21	*DIVIDEND		ML SHT TRM GLBL I FD B		$24.25CR
09 21	REINVESTMENT		ML SHT TRM GLBL I FD B		$24.25
09 21	DIVD REINV	3	M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $24.25 REINV PRICE $10.03 QUANTITY BOT 2.4180		
09 28	CLOSING BALANCE				$.95CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
391.0110	M L SHT TRM GLBL I FD B	10.020	$3917	9.84	$385
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	104.500	$1045	13.87	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$4962		$530

SEPTEMBER, 1990

CODE 3020 (R 1-88)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 16634	F/C # 6009	PAGE # 1	SOCIAL SEC. # 493-46-1388
STATEMENT PERIOD 09/29/90 TO 12/31/90			EIN NUMBER 00-0000000
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE IRA	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1983

MLPF& S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,209.02	THIS PERIOD	$186.28CR
AS OF 12/31/90. . . .	$5,200.37	THIS YEAR	$383.92CR

***** CONTRIBUTION INFORMATION *****

TAX YEAR 1989	TAX YEAR 1990
$.00	$.00

***** DISTRIBUTION INFORMATION *****

TAX YEAR 1989	TAX YEAR 1990
$.00	$.00

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	OCTOBER	NOVEMBER	DECEMBER	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$.80	$1.00	$1.19	7.98

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 29	OPENING BALANCE			$.95CR
10 19	*DIVIDEND	ML SHT TRM GLBL I FD B		
10 19	REINVESTMENT	ML SHT TRM GLBL I FD B		$30.62CR
10 19	DIVD REINV	3 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $30.62 REINV PRICE $9.91 QUANTITY BOT 3.0900		$30.62
11 26	*DIVIDEND	ML SHT TRM GLBL I FD B		
11 26	REINVESTMENT	ML SHT TRM GLBL I FD B		$40.87CR
11 26	DIVD REINV	4 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $40.87 REINV PRICE $9.97 QUANTITY BOT 4.0990		$40.87
12 03	*BOND INTEREST	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006		$72.50CR
12 04	FUND DELIVERY	73 ML RETIRMT RESERVES		
12 04	SUBSCRIPTION	73 ML RETIRMT RESERVES		$73.00
12 17	FEE	1990 CUSTODIAL FEE		$35.00
12 18	RECEIVED	35 ML RETIRMT RESERVES		
12 18	REDEEMED	35 ML RETIRMT RESERVES		$35.00CR

-000008109

DECEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029 (R 3/90)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 16634	6009	2	493-46-1388

MLPF& S CUST FPO
RICHARD J DURBIN IRA

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 31	*DIVIDEND	ML SHT TRM GLBL I FD B		$39.30CR
12 31	CLOSING BALANCE			$39.75CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
398.2000	M L SHT TRM GLBL I FD B	9.980	$3974	9.96	$396
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	101.500	$1015	14.28	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$4989		$541

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 09/29	CLOSING BALANCE AS OF 12/31	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$130.63	$171.62	$2.99	$8.05

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE FAIR MARKET VALUE OF YOUR ACCOUNT AS OF 12/31/90. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO (CASH AND SECURITIES THAT WE ARE ABLE TO VALUE), AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED UNAVAILABLE.

VALUATION OF PRICED PORTFOLIO AS OF 12/31/90 $5,200.37

FOR IRA AND SEP/IRA ACCOUNTS, THIS FIGURE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF IRS FORM 5498 REPORTING REQUIREMENTS.

ENJOY THE TAX-DEFERRED BENEFITS OF AN INDIVIDUAL RETIREMENT ACCOUNT.
REMEMBER TO MAKE YOUR 1990 IRA CONTRIBUTION BEFORE APRIL 15, 1991.

[illegible] END OF STATEMENT DECEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029 (R 3/90)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 16635	6009	1	350-36-5292

STATEMENT PERIOD	EIN NUMBER
12/30/89 TO 03/30/90	00-0000000

FINANCIAL CONSULTANT	ACCOUNT TYPE
DANIEL DONDANVILLE (217) 525-4200	IRA

OFFICE SERVING YOUR ACCOUNT	YR PLAN EST
230 S. SIXTH STREET SPRINGFIELD, IL 62701	1983

MLPF& S CUST FPO
LORETTA M DURBIN IRA
FBO LORETTA M DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,878.72	THIS PERIOD	$43.44CR
AS OF 03/30/90. . . .	$5,826.16	THIS YEAR	$43.44CR

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	JANUARY	FEBRUARY	MARCH	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$13.25	$13.32	$16.87	7.52

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 30	OPENING BALANCE			$.50CR
01 08	FEE	1989 RET CUST FEE		$30.00
01 09	RECEIVED	30 ML RETIRMT RESERVES		
01 09	REDEEMED	30 ML RETIRMT RESERVES		$30.00CR
03 30	CLOSING BALANCE			$.50CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
103.9280	ML CAPITAL FUND/CL B	23.460	$2438	5.56	$136
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	106.000	$1060	13.67	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$3498		$281

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 12/30	CLOSING BALANCE AS OF 03/30	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$2,314.22	$2,327.66	$43.44	$43.44

PLAN NOW TO FEEL BETTER NEXT APRIL 15. ASK YOUR FC FOR TAX TIPS, OR CALL 1-800-637-7455, EXT 7274, FOR A FREE COPY OF 17 TAX-SAVING STRATEGIES FOR 1990.

000000-000266312 END OF STATEMENT

MARCH, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029 (R 1-89)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 16635	F/C # 6009	PAGE # 1	SOCIAL SEC. # 350-36-5292
STATEMENT PERIOD 03/31/90 TO 06/29/90			EIN NUMBER 00-0000000
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE IRA	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1983

MLPF& S CUST FPO
LORETTA M DURBIN IRA
F)O LORETTA M DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,878.72	THIS PERIOD	$118.87CR
AS OF 06/29/90. . . .	$6,077.03	THIS YEAR	$162.31CR

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	APRIL	MAY	JUNE	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$13.76	$14.32	$18.29	7.89

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 31	OPENING BALANCE			$.50CR
06 01	*BOND INTEREST	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006		$72.50CR
06 04	FUND DELIVERY	73 ML RETIRMT RESERVES		
06 04	SUBSCRIPTION	73 ML RETIRMT RESERVES		$73.00
06 29	CLOSING BALANCE			$.00

Close-out
120

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
103.9280	ML CAPITAL FUND/CL B	24.740	$2571	5.27	$135
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	105.[illegible]99	$1059	13.67	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$3630		$280

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 03/31	CLOSING BALANCE AS OF 06/29	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$2,327.66	$2,447.03	$46.37	$89.81

****IMPORTANT TAX REPORTING INFORMATION****

YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER ARE VITAL PIECES OF INFORMATION REQUIRED TO ENSURE THAT THE GOVERNMENT REPORTING DONE ON YOUR ACCOUNT IS ACCURATE. PLEASE VERIFY THE INFORMATION BELOW AND CONTACT YOUR FINANCIAL CONSULTANT IF ANY CHANGE IS NECESSARY. THANK YOU.

DATE OF BIRTH: NOVEMBER 20, 1945

SOCIAL SECURITY NUMBER: 350-36-5292

[illegible] END OF STATEMENT JUNE, 1990

[illegible]

CODE [illegible]

Merrill Lynch

Merrill Lynch

240 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-16634	6/09/89	BOUGHT	158	23.96	3785.68

SECURITY DESCRIPTION
ML CAPITAL FUND/CL B

HANDLING/POSTAGE FEE	2.35
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	[illegible]
SETTLEMENT DATE	[illegible]
[illegible]	

MLPF& S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

SEC. # 974Y0 CUSIP # 590192209
F/C # 6009 REF # 40170
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

CODE 7086 (1-88)

Merrill Lynch

230 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-16634	7/10/89	SOLD	1	23.76	23.76

SECURITY DESCRIPTION
ML CAPITAL FUND/CL B
PRICE REFLECTS 12B1 SALES FEE

HANDLING/POSTAGE FEE	2.35
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	0.95
NET AMOUNT	20.46
SETTLEMENT DATE	7/17/89

MLPF& S CUST FPO
RICHARD J DURBIN IRA
FBO RICHARD J DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3547

SEC.# 974Y0 CUSIP# 590192209
F/C# 6009 REF# 26579
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

CDCC 7090 11-88

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 16635	6009	2	350-36-5292

MLPF& S CUST FPO
LORETTA M DURBIN IRA

***** YOUR INVESTMENTS *****

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 06/30	CLOSING BALANCE AS OF 09/28	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$2,447.03	$2,494.57	$47.54	$137.35

***** IMPORTANT CUSTODIAL FEE INFORMATION *****

YOUR CUSTODIAL FEE IS SCHEDULED TO BE PAID FROM YOUR RETIREMENT ACCOUNT.

YOUR 1990 CUSTODIAL FEE WILL BE PAID FROM THAT ACCOUNT IN DECEMBER, 1990. YOU MAY CHANGE YOUR METHOD OF PAYMENT BY CONTACTING YOUR FINANCIAL CONSULTANT BEFORE NOVEMBER 16, 1990. THE AMOUNT OF YOUR FEE WILL APPEAR ON YOUR DECEMBER, 1990 STATEMENT. THANK YOU.

SEE THE ENCLOSED NEWSLETTER FOR IMPORTANT FEE INFORMATION AFFECTING YOUR RETIREMENT PLAN ACCOUNT.

-[illegible] END OF STATEMENT SEPTEMBER, 1990

[illegible]

CODE [illegible]

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT # 441 16635	F/C # 6009	PAGE # 1	SOCIAL SEC. # 350-36-5292
STATEMENT PERIOD 06/30/90 TO 09/28/90			EIN NUMBER 00-0000000
FINANCIAL CONSULTANT DANIEL DONDANVILLE (217) 525-4200		ACCOUNT TYPE IRA	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			YR PLAN EST 1983

MLPF& S CUST FPO
LORETTA M DURBIN IRA
FBO LORETTA M DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/89. . . .	$5,878.72	THIS PERIOD	$121.73CR
AS OF 09/28/90. . . .	$5,959.57	THIS YEAR	$284.04CR

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	JULY	AUGUST	SEPTEMBER	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$14.80	$18.22	$14.52	7.61

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION		DESCRIPTION	PRICE	AMOUNT
07 17	DIVD REINV	3	ML CAPITAL FUND/CL B AGENT REINV AMOUNT $59.21 REINV PRICE $24.21 QUANTITY BOT 2.4460		
07 17	*DIVIDEND		ML CAPITAL FUND/CL B		$59.21CR
07 17	REINVESTMENT		ML CAPITAL FUND/CL B		$59.21
08 28	SOLD	106	ML CAPITAL FUND/CL B EXCHANGE SELL FRAC SHR QUANTITY .374 CASH TRADE PRICE 22.73		$2417.88CR
08 28	BOUGHT	240	M L SHT TRM GLBL I FD B EXCHANGE BUY FRAC SHR QUANTITY .107 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.07		$2417.88
09 21	*DIVIDEND		ML SHT TRM GLBL I FD B		$14.98CR
09 21	REINVESTMENT		ML SHT TRM GLBL I FD B		$14.98
09 21	DIVD REINV	1	M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $14.98 REINV PRICE $10.03 QUANTITY BOT 1.4940		
09 28	CLOSING BALANCE				$.00

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
241.6010	M L SHT TRM GLBL I FD B	10.020	$2420	9.84	$238
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	104.500	$1045	13.87	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$3465		$383

-000005204

SEPTEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 8020 (R 1-88)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 16635	6009	2	350-36-5292

MLPF& S CUST FPO
LORETTA M DURBIN IRA

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 31	CLOSING BALANCE			$24.78CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
246.0430	M L SHT TRM GLBL I FD B	9.980	$2455	9.96	$245
1000	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006	101.500	$1015	14.28	$145
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$3470		$390

MONEY FUND POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 09/29	CLOSING BALANCE AS OF 12/31	DIVIDENDS THIS PERIOD	DIVIDENDS YEAR TO DATE
ML RETIREMENT RESERVES	$2,494.57	$2,582.04	$50.47	$187.82

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE FAIR MARKET VALUE OF YOUR ACCOUNT AS OF 12/31/90. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO (CASH AND SECURITIES THAT WE ARE ABLE TO VALUE), AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED UNAVAILABLE.

VALUATION OF PRICED PORTFOLIO AS OF 12/31/90 $6,076.82

FOR IRA AND SEP/IRA ACCOUNTS, THIS FIGURE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF IRS FORM 5498 REPORTING REQUIREMENTS.

ENJOY THE TAX-DEFERRED BENEFITS OF AN INDIVIDUAL RETIREMENT ACCOUNT.
REMEMBER TO MAKE YOUR 1990 IRA CONTRIBUTION BEFORE APRIL 15, 1991.

-[illegible] END OF STATEMENT

DECEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029 (R 2/90)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
441 16635	6009	1	350-36-5292

STATEMENT PERIOD
09/29/90 TO 12/31/90

EIN NUMBER
00-0000000

FINANCIAL CONSULTANT
DANIEL DONDANVILLE
(217) 525-4200

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
230 S. SIXTH STREET
SPRINGFIELD, IL 62701

YR PLAN EST
1983

MLPF& S CUST FPO
LORETTA M DURBIN IRA
FBO LORETTA M DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

** 62704-3347

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO
AS OF 12/31/89. . . . $5,878.72
AS OF 12/31/90. . . . $6,076.82

DIVIDEND/INTEREST
THIS PERIOD $191.42CR
THIS YEAR $475.46CR

***** CONTRIBUTION INFORMATION *****

TAX YEAR 1989	TAX YEAR 1990
$.00	$.00

***** DISTRIBUTION INFORMATION *****

TAX YEAR 1989	TAX YEAR 1990
$.00	$.00

***** RETIREMENT RESERVES/GOVERNMENT RESERVES QUARTERLY DIVIDEND RECAP *****

MONEY FUND	OCTOBER	NOVEMBER	DECEMBER	CURR 30 DAY AVG %
ML RETIREMENT RESERVES	$14.71	$18.32	$17.44	7.98

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
10 19	*DIVIDEND	ML SHT TRM GLBL I FD B		$18.92CR
10 19	REINVESTMENT	ML SHT TRM GLBL I FD B		$18.92
10 19	DIVD REINV	2 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $18.92 REINV PRICE $9.91 QUANTITY BOT 1.9090		
11 26	*DIVIDEND	ML SHT TRM GLBL I FD B		$25.25CR
11 26	REINVESTMENT	ML SHT TRM GLBL I FD B		$25.25
11 26	DIVD REINV	3 M L SHT TRM GLBL I FD B AGENT REINV AMOUNT $25.25 REINV PRICE $9.97 QUANTITY BOT 2.533		
12 03	*BOND INTEREST	SAFEWAY STORES INC JR1988RATE CHG TO 14 50% PIK 14.500% NOV 24 2006		$72.50CR
12 04	FUND DELIVERY	72 ML RETIRMT RESERVES		
12 04	SUBSCRIPTION	72 ML RETIRMT RESERVES		$72.00
12 17	FEE	1990 CUSTODIAL FEE		$35.00
12 18	RECEIVED	35 ML RETIRMT RESERVES		
12 18	REDEEMED	35 ML RETIRMT RESERVES		$35.00CR
12 31	*DIVIDEND	ML SHT TRM GLBL I FD B		$24.28CR

-000005989

DECEMBER, 1990

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029 (R 2/90)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Security Account

ACCOUNT # 441 22485	F/C # 6009	PAGE # 1	TELEPHONE # 217-525-4200
STATEMENT PERIOD 01/27/90 TO 03/30/90			SS OR ID 493-46-1338
FINANCIAL CONSULTANT DANIEL DONDANVILLE		BUYING POWER	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			TYPE CASH

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** ACCOUNT PORTFOLIO *****

OPENING BALANCE	CLOSING BALANCE	MARKET VALUE	TOTAL FUND SHARE	TOTAL EVALUATION
$27.09CR	$27.09CR	$5437	$469.47	$5,933.56

***** DIVIDEND, INTEREST AND/OR CHARGE INFORMATION *****

DESCRIPTION	THIS PERIOD	YEAR TO DATE
DIVIDENDS (REPORTABLE)	$.00	$27.00CR

***** FUND SUMMARY INFORMATION *****

FUND NAME ● $1.000 PER SHARE	OPENING BALANCE	CLOSING BALANCE	DIVIDEND/INTEREST THIS PERIOD	DIVIDEND/INTEREST YEARLY
ML READY ASSET TRUST	$463.35	$469.47	$6.12	$8.80

***** DAILY ACTIVITY REVIEW *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 27	OPENING BALANCE			$27.09CR
03 30	CLOSING BALANCE			$27.09CR

YOUR INVESTMENTS		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
150	**TEXAS INSTRUMENTS	36.250	$5437	1.98	$108
TOTAL MARKET VALUE OF PRICED INVESTMENTS			$5437		$108

PLAN NOW TO FEEL BETTER NEXT APRIL 15. ASK YOUR FC FOR TAX TIPS OR CALL 1-800-637-7455, EXT 7273, FOR A FREE COPY OF 17 TAX-SAVING STRATEGIES FOR 1990.

[illegible] END OF STATEMENT MARCH 1990

FOR AN EXPLANATION OF SYMBOLS, PLEASE SEE REVERSE SIDE

[illegible]

CODE 9006 (R 1-89)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Security Account

ACCOUNT # 441 22485	F/C # 6009	PAGE # 1	TELEPHONE # 217-525-4200
STATEMENT PERIOD 03/31/90 TO 04/27/90			SS OR ID 493-46-1338
FINANCIAL CONSULTANT DANIEL DONDANVILLE		BUYING POWER	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			TYPE CASH

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** ACCOUNT PORTFOLIO *****

OPENING BALANCE	CLOSING BALANCE	MARKET VALUE	TOTAL FUND SHARE	TOTAL EVALUATION
$27.09CR	$27.37CR	$0	$6,076.63	$6,104.00

***** DIVIDEND, INTEREST AND/OR CHARGE INFORMATION *****

DESCRIPTION	THIS PERIOD	YEAR TO DATE
DIVIDENDS (REPORTABLE)	$27.00CR	$54.00CR
GROSS PROCEEDS (REPORTABLE)	$5,574.28CR	$5,574.28CR

***** FUND SUMMARY INFORMATION *****

FUND NAME @ $1.000 PER SHARE	OPENING BALANCE	CLOSING BALANCE	DIVIDEND/INTEREST THIS PERIOD	DIVIDEND/INTEREST YEARLY
ML READY ASSET TRUST	$469.47	$6,076.63	$6.16	$14.96

***** DAILY ACTIVITY REVIEW *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 31	OPENING BALANCE			$27.09CR
04 20	:SOLD	50 TEXAS INSTRUMENTS FORM 1099-B SUBSTITUTE	37 7/8	$1858.87CR
04 20	:SOLD	100 TEXAS INSTRUMENTS FORM 1099-B SUBSTITUTE	37 7/8	$3715.41CR
04 23	*DIVIDEND	TEXAS INSTRUMENTS HOLDING 150.0000		$27.00CR
04 24	FUND DELIVERY *	5601 ML READY ASSET TRUST		
04 24	SUBSCRIPTION	5601 ML READY ASSET TRUST		$5601.00
04 27	CLOSING BALANCE			$27.37CR

ARE YOU OVERLOOKING ANY TAX-SAVING OPPORTUNITIES? TAKE JUST ONE MINUTE AND REVIEW THE ENCLOSED "TAX-TEST" OR CALL 1-800-637-7455 EXT 7313 FOR INFORMATION.

000003-000058628 END OF STATEMENT APRIL 1990

FOR AN EXPLANATION OF SYMBOLS, PLEASE SEE REVERSE SIDE
PLEASE ADVISE YOUR FINANCIAL CONSULTANT IMMEDIATELY OF ANY DISCREPANCIES ON YOUR STATEMENT OR IF YOU CONTEMPLATE CHANGING YOUR ADDRESS. WHEN MAKING INQUIRIES, PLEASE MENTION YOUR ACCOUNT NUMBER AND ADDRESS ALL CORRESPONDENCE TO THE OFFICE SERVICING YOUR ACCOUNT. WE URGE YOU TO PRESERVE THIS STATEMENT FOR USE IN PREPARING INCOME TAX RETURNS.

CODE 3036 (R 1-89)

Merrill Lynch

Merrill Lynch

2[illegible]0 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-16635	8/28/90	SOLD	106	22.73	2417.88

SECURITY DESCRIPTION
ML CAPITAL FUND/CL/B
EXCHANGE SELL
CASH TRADE

FRACT SHR QUANTITY: .374

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	2417.88
SETTLEMENT DATE	8/28/90

MLPF& S CUST FPO
LORETTA M DURBIN IRA
FBO LORETTA M DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

SEC.# 974Y0 CUSIP# 590192209
F/C# 6009 REF# 25[illegible]63
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

1049

Merrill Lynch

230 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-16635	8/28/90	BOUGHT	240	10.07	2417.88

SECURITY DESCRIPTION

M L SHT TRM GLBL I FD B
EXCHANGE BUY
PROSPECTUS ENCLOSED

SHR QUANTITY .107
TRADE

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	
NET AMOUNT	2417.88
SETTLEMENT DATE	8/28/90

MLPF& S CUST FPO
LORETTA M DURBIN IRA
FBO LORETTA M DURBIN
1525 S BATES
SPRINGFIELD IL
62704-3347

SEC.# 976R2 CUSIP# 59019V205
F/C# 6009 REF# 25264
T.I.N.

EXECUTED O.T.C.
WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve the confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

Merrill Lynch

[illegible]
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-22485	4/12/90	SOLD	50	37 7/8	1893.75

SECURITY DESCRIPTION
TEXAS INSTRUMENTS
WE MAKE A MARKET IN THIS ISSUE   FORM 1099-B SUBSTITUTE

ARE YOU OVERLOOKING ONE OF THE BEST CREDIT SOURCES AVAILABLE? CONSIDER THE INVESTOR CREDITLINE SERVICE FOR STREAMLINED, HASSLE-FREE ACCESS TO FUNDS WITH NO APPLICATION FEES, FILING FEES OR POINTS. ASK YOUR FINANCIAL CONSULTANT FOR DETAILS.

HANDLING/POSTAGE FEE	
SEC. EXCH. COMM. FEE	0.07
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	34.81
NET AMOUNT	1858.87
SETTLEMENT DATE	4/20/90

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 73841 CUSIP# 882508104
F/C# 6009 REF# 28865
T.I.N. 493-46-1338

WE ACTED AS PRINCIPAL

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Security Account

ACCOUNT # 441 22485	F/C # 6009	PAGE # 1	TELEPHONE # 217-525-4200
STATEMENT PERIOD 04/28/90 TO 06/29/90			SS OR ID 493-46-1338
FINANCIAL CONSULTANT DANIEL DONDANVILLE		BUYING POWER	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			TYPE CASH

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** ACCOUNT PORTFOLIO *****

OPENING BALANCE	CLOSING BALANCE	MARKET VALUE	TOTAL FUND SHARE	TOTAL EVALUATION
$27.37CR	$27.37CR	$0	$6,161.71	$6,189.08

***** DIVIDEND, INTEREST AND/OR CHARGE INFORMATION *****

DESCRIPTION	THIS PERIOD	YEAR TO DATE
DIVIDENDS (REPORTABLE)	$.00	$54.00CR
GROSS PROCEEDS (REPORTABLE)	$.00	$5,574.28CR

***** FUND SUMMARY INFORMATION *****

FUND NAME @ $1.000 PER SHARE	OPENING BALANCE	CLOSING BALANCE	DIVIDEND/INTEREST THIS PERIOD	YEARLY
ML READY ASSET TRUST	$6,076.63	$6,161.71	$85.08	$100.04

***** DAILY ACTIVITY REVIEW *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
04 28	OPENING BALANCE			$27.37CR
06 29	CLOSING BALANCE			$27.37CR

SEE PAGE 4 OF YOUR "INVESTMENT FOCUS" NEWSLETTER FOR IMPORTANT INFORMATION REGARDING YOUR ANNUAL ACCOUNT FEE.

7.64
yield

[illegible] END OF STATEMENT JUNE 1990

FOR AN EXPLANATION OF SYMBOLS, PLEASE SEE REVERSE SIDE

[illegible]

CODE 5026 (R 1-88)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Security Account

ACCOUNT # 441 22485	F/C # 6009	PAGE # 1	TELEPHONE # 217-525-4200
STATEMENT PERIOD 06/30/90 TO 09/28/90			SS OR ID 493-46-1338
FINANCIAL CONSULTANT DANIEL DONDANVILLE		BUYING POWER	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			TYPE CASH

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** ACCOUNT PORTFOLIO *****

OPENING BALANCE	CLOSING BALANCE	MARKET VALUE	TOTAL FUND SHARE	TOTAL EVALUATION
$27.37CR	$27.37CR	$0	$6,281.14	$6,308.51

***** DIVIDEND, INTEREST AND/OR CHARGE INFORMATION *****

DESCRIPTION	THIS PERIOD	YEAR TO DATE
DIVIDENDS (REPORTABLE)	$.00	$54.00CR
GROSS PROCEEDS (REPORTABLE)	$.00	$5,574.28CR

***** FUND SUMMARY INFORMATION *****

FUND NAME @ $1.000 PER SHARE	OPENING BALANCE	CLOSING BALANCE	DIVIDEND/INTEREST THIS PERIOD	YEARLY
ML READY ASSET TRUST	$6,161.71	$6,281.14	$119.43	$219.47

***** DAILY ACTIVITY REVIEW *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
06 30	OPENING BALANCE			$27.37CR
09 28	CLOSING BALANCE			$27.37CR

WOULD NEW TAX LEGISLATION AFFECT YOU? IF SO, ASK YOUR MERRILL LYNCH FINANCIAL CONSULTANT FOR DETAILS ON ANY NEW TAX LEGISLATION.

[illegible] END OF STATEMENT SEPTEMBER 1990

FOR AN EXPLANATION OF SYMBOLS, PLEASE SEE REVERSE SIDE
[illegible]
CODE [illegible] (R 1-89)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Security Account

ACCOUNT # 441 22485	F/C # 6009	PAGE # 1	TELEPHONE # 217-525-4200
STATEMENT PERIOD 09/29/90 TO 12/31/90			SS OR ID 493-46-1338
FINANCIAL CONSULTANT DANIEL DONDANVILLE		BUYING POWER	
OFFICE SERVING YOUR ACCOUNT 230 S. SIXTH STREET SPRINGFIELD, IL 62701			TYPE CASH

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

** 62704-3347

***** ACCOUNT PORTFOLIO *****

OPENING BALANCE	CLOSING BALANCE	MARKET VALUE	TOTAL FUND SHARE	TOTAL EVALUATION
$27.37CR	$27.37CR	$0	$6,409.18	$6,436.55

***** DIVIDEND, INTEREST AND/OR CHARGE INFORMATION *****

DESCRIPTION	THIS PERIOD	YEAR TO DATE
DIVIDENDS (REPORTABLE)	$.00	$54.00CR**
GROSS PROCEEDS (REPORTABLE)	$.00	$5,574.28CR**

**YOU SHOULD NOT USE THIS MONTHLY STATEMENT FOR TAX PURPOSES IF YOUR ACCOUNT IS SUBJECT TO IRS REPORTING. A TAX REPORTING STATEMENT WILL BE SENT IN JANUARY.

***** FUND SUMMARY INFORMATION *****

FUND NAME @ $1.000 PER SHARE	OPENING BALANCE	CLOSING BALANCE	DIVIDEND/INTEREST THIS PERIOD	DIVIDEND/INTEREST YEARLY
ML READY ASSET TRUST	$6,281.14	$6,409.18	$128.04	$347.51

***** DAILY ACTIVITY REVIEW *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 29	OPENING BALANCE			$27.37CR
12 31	CLOSING BALANCE			$27.37CR

IMPORTANT TAX REPORTING INFORMATION WILL BE SENT TO YOU IN JANUARY.
ASK YOUR FINANCIAL CONSULTANT ABOUT OUR NEW 1991 INVESTMENT OUTLOOK.

[illegible] END OF STATEMENT DECEMBER 1990

FOR AN EXPLANATION OF SYMBOLS, PLEASE SEE REVERSE SIDE
PLEASE ADVISE YOUR FINANCIAL CONSULTANT IMMEDIATELY OF ANY DISCREPANCIES ON YOUR STATEMENT OR IF YOU CONTEMPLATE CHANGING YOUR ADDRESS. WHEN MAKING INQUIRIES, PLEASE MENTION YOUR ACCOUNT NUMBER AND ADDRESS ALL CORRESPONDENCE TO THE OFFICE SERVICING YOUR ACCOUNT. WE URGE YOU TO PRESERVE THIS STATEMENT FOR USE IN PREPARING INCOME TAX RETURNS.
CODE [illegible]

Merrill Lynch

Merrill Lynch

Authorization To Transfer Retirement Account

(shaded portions to be completed by Merrill Lynch) Do not use this form for complete in-kind transfers between ACATS participant firms; use a Code 1618.

MLPF&S Retirement Plan Account No. (Indicate account number on all documents) 441-16635	Date prepared 6/29/89	Wire call [illegible]	F.C. No. [illegible]

A Tell Us About Yourself

1 Your name (exactly as it appears on current account statement)
Loretta M. Durbin

3 Your Social Security Number
350-36-5292

2 Your mailing address
1525 S. Bates

Your Tax Identification Number (needed for Keogh and SEP accounts)

City State Zip
Springfield, IL 62704

4 Your phone numbers
Home ( )
Business ( )

B Tell Us About The Account You Are Transferring

Important: Include a recent account statement from the resigning custodian.

5 Name of resigning account's custodian or trustee
Bank of New York Attn: Transfer Area

Address
P.O. Box 1118

City State Zip
Newark, NJ 07101-1118

7 Name of brokerage firm (if other than custodian)

Address

City State Zip

6 Resigning account number
Plan # 56489930-0 (Pacific Horizon Aggressive Growth Fund)

8 Type of plan (check one)
☒ IRA ☐ SEP ☐ Keogh Profit Sharing ☐ Keogh Money Purchase

C Your Transfer Instructions To The Resigning Custodian

As the custodian or trustee of my account, identified above, please make the following transfer to the Plan I have adopted with Merrill Lynch, Pierce, Fenner & Smith Inc., as successor custodian:

9 This is a (check one) ☒ COMPLETE TRANSFER—check one box below OR ☐ PARTIAL TRANSFER—specify in item 10.

☐ *Liquidate all assets and transfer as cash.*
☒ *Transfer all assets "as is."* (Note: Money market funds must be liquidated and transferred as cash.)
☐ *Transfer or liquidate as specified* in item 10.

Note: For CD's, check "Transfer as specified" and indicate when to liquidate in item 10; most CD's must be liquidated since they generally cannot be transferred as is.

10 Description of asset/CD Account No.	Quantity	Transfer as is	OR	Liquidate now	OR	Transfer at maturity date
		☐		☐		/ /
		☐		☐		/ /
		☐		☐		/ /
		☐		☐		/ /

If item 10 indicates transfer "as is," re-register any mutual fund shares, liquidate fractional shares and money market assets and transfer cash.
I AM AWARE OF ANY PENALTIES OR LOSSES I MAY INCUR AS A RESULT OF THE REQUESTED TRANSFER.

11 Your signature	Date	MLPF&S Account Acceptance/Signature Guarantee	Date 7/5/89

D Merrill Lynch's Instructions To Resigning Custodian

MLPF&S, Inc., an IRS-approved custodian, will accept the transfer requested by the Client in Part C to an account identified as:

"MLPF&S, Inc. as custodian FBO Loretta Durbin
(Client's name and Merrill Lynch account number) ☐ IRA ☐ SEP ☐ Basic™ (Keogh-Plus)

Please provide MLPF&S with a complete record of all contributions and distributions made in the account.

To Transfer Cash
Issue checks to MLPF&S, Inc. as custodian FBO (Client's name and ML account number) and send to:

Merrill Lynch
Retirement Plans
New Brunswick, NJ 08989-0402

(Affix Branch Office or Service Center label here)

To Transfer Securities
Transfer securities through DTC (CH #0161), if eligible, or deliver in negotiable form to MLPF&S, Inc. as custodian FBO (Client's name and ML account number):

P.O. Box 260, Church Street Station, New York, NY 10008

To Re-Register Mutual Funds
Register all shares in new account as follows: MLPF&S, Inc. as custodian FBO (Client's name and ML account number)

Retirement Plans, New Brunswick, NJ 08989-0402
IMPORTANT: Please hold shares unissued with ML as Broker/Dealer
TIN #13-3180817

Code 1652 (Rev. 2/88)

CUSTOMER'S COPY

Department of the Treasury — Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return** **1990**

For the year Jan.-Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB. No. 1545-0074

Use IRS label. Otherwise, please print or type. LABEL HERE

```
              ****** CAR-RT-SORT**CR90
BF 493-46-1338  350-36-5292 S09 SP    I
RICHARD J & LORETTA M   DURBIN
1525 S BATES AVE                  200 R
SPRINGFIELD IL              62704      S
```

Your social security no. 493-46-1338

Spouse's social security no. 350-36-5292

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign	Do you want $1 to go to this fund?	X	Yes		No
	If joint return, does your spouse want $1 to go to this fund?	X	Yes		No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

1	☐	Single. (See page 10 to find out if you can file as head of household.)
2	☒	Married filing joint return (even if only one had income)
3	☐	Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4	☐	Head of household (with qualifying person). (See page 10.) If qualifying person is your child but not your dependent, enter child's name here. ▶
5	☐	Qualifying widow(er) with dependent child (yr. spouse died ▶19). (See page 10.)

Exemptions

(See instructions on page 10.)

6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check box on line 33b, pg. 2.

b ☒ **Spouse**

No. of boxes checked on 6a and 6b 2

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1990
Jennifer Durbin		340-76-4396	Daughter	12
Paul Durbin		348-74-6256	Son	12

No. of your children on 6c who:

- lived with you 2
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

If more than 6 dependents, see instructions on page 11

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here . . ▶ ☐

e Total number of exemptions claimed

Add numbers entered on lines above ▶ 4

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)			7	121,213.
8a	Taxable interest income (also attach Schedule B if over $400)			8a	797.
b	Tax-exempt interest income (see page 12). DON'T include on line 8a	8b	470.		
9	Dividend income (also attach Schedule B if over $400)			9	411.
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14			10	
11	Alimony received			11	
12	Business income or (loss) (attach Schedule C)			12	26,600.
13	Capital gain or (loss) (attach Schedule D)			13	-3,000.
14	Capital gain distributions not reported on line 13 (see page 14)			14	
15	Other gains or (losses) (attach Form 4797)			15	
16a	Total IRA distributions	16a		16b Taxable amount (see page 14) 16b	
17a	Total pensions & annuities	17a		17b Taxable amount (see page 14) 17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Sch			18	
19	Farm income or (loss) (attach Schedule F)			19	
20	Unemployment compensation (insurance) (see pa			20	
21a	Social security benefits	21a		21b Taxable amount (see pg. 16) 21b	
22	Other income			22	
23	Add amounts shown in far right column for lines 7 through 22. This is your **total income** ▶			23	146,021.

TAXPAYER'S COPY

Adjustments to Income

(See instructions on page 17.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a			
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b			
25	One-half of self-employment tax (see page 18)	25			
26	Self-employed health insurance deduction, from worksheet on pg. 18	26			
27	Keogh retirement plan and self-employed SEP deduction	27	3,468.		
28	Penalty on early withdrawal of savings	28			
29	Alimony paid. Recipient's SSN ▶	29			
30	Add lines 24a through 29. These are your **total adjustments** ▶			30	3,468.
Adj. Gr. Income 31	Subtract line 30 from line 23. This is your **adjusted gross income** ▶			31	142,553.

Form 1040 (1990) Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)			32	142,553.
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶	33a			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶	33b ☐			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶	33c ☐			
If you want IRS to figure your tax, see instructions on page 19.	34	Enter the larger of: • Your **standard deduction** (from the chart (or worksheet on page 20 that applies to you), OR • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☒			34	13,837.
	35	Subtract line 34 from line 32.			35	128,716.
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	8,200.
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	120,516.
	38	Enter tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, or c ☐ Form 8615 (see page 21). (If any is from Form(s) 8814, enter that amount here ▶ d ____)			38	31,632.
	39	Additional taxes (see pg. 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39	
	40	Add lines 38 and 39 ▶			40	31,632.
Credits	41	Credit for child & dependent care exp. (attach Form 2441)	41			
	42	Credit for the elderly or the disabled (attach Schedule R)	42			
(See instructions on page 21.)	43	Foreign tax credit (attach Form 1116)	43			
	44	General busn. credit. Check if from: a ☐ Form 3800 or b ☐ Form ____	44			
	45	Credit for prior year minimum tax (attach Form 8801)	45			
	46	Add lines 41 through 45.			46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	31,632.
Other Taxes	48	Self-employment tax (attach Schedule SE)			48	
	49	Alternative minimum tax (attach Form 6251)			49	
	50	Recapture taxes (see pg. 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)			51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)			52	
	53	Advance earned income credit payments, from Form W-2			53	
	54	Add lines 47 through 53. This is your **total tax** ▶			54	31,632.
Payments	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55	24,134.		
	56	1990 est. tax payments and amount applied from 1989 return	56			
	57	**Earned income credit**	57			
Attach Forms W-2, W-2G, and W-2P to page 1.	58	Amount paid with Form 4868 (extension request)	58			
	59	Excess social security tax and RRTA tax withheld (see pg. 24)	59			
	60	Credit for Federal tax on fuels (attach Form 4136)	60			
	61	Regulated investment company credit (attach Form 2439)	61			
	62	Add lines 55 through 61. These are your **total payments** ▶			62	24,134.
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63	
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 EST. TAX** ▶	65			
	66	If line 54 is more than line 62, enter **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, SSN, daytime phone no., & "1990 Form 1040" on it			66	7,498.
	67	Estimated tax penalty (see page 25)	67			

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Congressman
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation Civil Servant

Paid Preparer's Use Only

Preparer's signature Francis L Bayley	Date 04-14-91	Check if self-employed ☒	Preparer's social security no. 146-28-8672
Firm's name (or yours if self-employed) and address Francis L. Bayley, PhD 114 Seminole Drive Springfield, IL		E.I. No.	ZIP code 62704

SCHEDULE A
(Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A -- Itemized Deductions

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074
1990
Attachment Sequence No. 07

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security no. 493-46-1338

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.						
	1	Medical and dental expenses.			1			
	2	Enter amount from Form 1040, line 32	2					
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result			3			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- ▶					4	
Taxes You Paid (See instructions on page 27.)	5	State and local income taxes			5	3,161.		
	6	Real estate taxes			6	2,165.		
	7	Other taxes. ▶			7			
	8	Add the amounts on lines 5 through 7. Enter the total ▶					8	5,326.
Interest You Paid (See instructions on page 27.)	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10			9a	4,214.		
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶			9b			
	10	Deductible points. (See instructions for special rules.)			10			
	11	Deductible investment interest (attach Form 4952 if required)			11	436.		
	12a	Personal interest you paid.	12a	882.				
	b	Multiply the amount on line 12a by 10% (.10). Enter the result.			12b	88.		
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total ▶					13	4,738.
Gifts to Charity (See instructions on page 29.)		Caution: If you made a charitable contribution and received a benefit in return, see page 29 of the instructions.						
	14	Contributions by cash or check Cash or check contr. 2,086.			14	2,086.		
	15	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)			15			
	16	Carryover from prior year			16			
	17	Add the amounts on lines 14 through 16. Enter the total ▶					17	2,086.
Casualty, Theft	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the instructions.) ▶					18	
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the instructions.) ▶					19	
Job Expenses and Most Other Miscellaneous Deductions (See instructions on page 30 for expenses to deduct here.)	20	Unreimbursed empl. expenses. (You **MUST** attach Fm 2106 if required. See inst.) ▶ Form 2106 Amount 3,184.			20	3,184.		
	21	Other expenses. ▶ Stmt Attchd			21	1,354.		
	22	Add the amounts on lines 20 and 21. Enter the total			22	4,538.		
	23	Enter amount from Form 1040, line 32	23	142,553.				
	24	Multiply the amount on line 23 by 2% (.02). Enter the result.			24	2,851.		
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0- ▶					25	1,687.
Other Miscellaneous Deductions	26	Other. ▶					26	
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the **LARGER** of this total or your standard deduction from page 20 of the Instructions ▶					27	13,837.

For Paperwork Reduction Act Notice, see Form 1040 Instructions. H733 A1 NTF 4832 **Preparers Edition** **Schedule A (Form 1040) 1990**

Schedule B -- Interest and Dividend Income --1990

Attachment Sequence No. 08 OMB No. 1545-0074

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)	Your social security number
Richard J. & Loretta M. Durbin	493-46-1338

Part I Interest Income

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

(See instructions on pages 13 and 30.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Interest Income		Amount
1	Interest income. (List interest from seller-financed mortgages first.) ▶	1	
	Hadson Petroleum (USA) Inc.		62.
	First of Springfield 100001184172		44.
	Credit Union One		55.
	Congressional Fed. Cr. Union 80596		603.
	City of San Diego MRB 3460002725		470.
	From Partnerships and S-Corps on K-1		33.
	SubTotal		1,267.
	Less: Tax Exempt Interest		-470.
2	Add the amounts on line 1. Enter the total	2	797.
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	797.

Part II Dividend Income

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

(See instructions on pages 13 and 31.)

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

	Dividend Income			Amount
5	Dividend income. ▶	5		
	A.G. Edwards 90 341855 077			9.
	Merrill Lynch 441-22485			402.
6	Add the amounts on line 5. Enter the total		6	411.
7	Capital gain distributions. Enter here and on Schedule D*	7		
8	Nontaxable distributions. (See instructions for Form 1040, line 9.)	8		
9	Add the amounts on lines 7 and 8. Enter the total		9	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶		10	411.

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 31.)

	If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
11a	At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.)		X
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

For Paperwork Reduction Act Notice, see Form 1040 Instructions. H733 B1 NTF 4805A Schedule B (Form 1040) 1990

Merrill Lynch

250 S. SIXTH STREET
SPRINGFIELD IL 62701

TELEPHONE
217-525-4200

We confirm the following transaction subject to the agreement on the reverse side hereof

ACCOUNT NUMBER	TRADE DATE	YOU	QUANTITY	PRICE	AMOUNT
441-22485	4/12/90	SOLD	100	37 7/8	3787.50

SECURITY DESCRIPTION
TEXAS INSTRUMENTS
FORM 1099-B SUBSTITUTE

HANDLING/POSTAGE FEE	2.35
SEC. EXCH. COMM. FEE	0.13
ACCRUED INTEREST/DIVIDEND	
CHARGE OR MARK-UP/DOWN	69.61
NET AMOUNT	3715.41
SETTLEMENT DATE	4/20/90

ARE YOU OVERLOOKING ONE OF THE BEST CREDIT SOURCES AVAILABLE? CONSIDER THE INVESTOR CREDITLINE SERVICE FOR STREAMLINED, HASSLE-FREE ACCESS TO FUNDS WITH NO APPLICATION FEES, FILING FEES OR POINTS. ASK YOUR FINANCIAL CONSULTANT FOR DETAILS.

RICHARD J DURBIN AND
LORETTA M DURBIN JTWROS
1525 S BATES
SPRINGFIELD IL 62704-3347

SEC.# 73841 CUSIP# 882508104
F/C# 6009 REF# 28864
T.I.N. 493-46-1338

EXECUTED ON THE N.Y.S.E.
WE ACTED AS YOUR AGENT

If you have moved or plan to move, notify your Financial Consultant of your new address.

Payment for securities or other investment instruments purchased, and delivery of securities or other investment instruments sold, are due on SETTLEMENT DATE unless otherwise indicated by a DATE DUE. Delivery on or before settlement date will avoid premium charges. Please preserve this confirmation for income tax purposes.

Please write your account number shown above on the face of your check, money order or correspondence and forward to the office serving your account.

PACIFIC HORIZON FUNDS

PLAN SUMMARY STATEMENT

7,292

PLAN NUMBER	TYPE OF ACCOUNT
56489930-0	INDIVIDUAL RETIREMENT ACCOUNT
TAXPAYER IDENTIFICATION NO	REPORTING PERIOD 07/01/89 TO 09/30/89
350-36-5292	

BNY CUST LORETTA DURBIN
UNDER IRA PLAN   ROLLOVER
PO BOX 790
SPRINGFIELD IL 62705

YOUR INVESTMENT MAY BE SENT TO
PACIFIC HORIZON FUNDS INC. P.O. BOX 11600
CHURCH STREET STATION NEW YORK,N.Y. 10286-1660
FOR ANY INFORMATION CALL 1-800-221-3763

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE BANK OF NEW YORK CUSTODIAN AND MAIL TOGETHER WITH THIS STUB TO PACIFIC HORIZON FUNDS P.O. BOX 11600, CHURCH STREET STATION, NEW YORK, N.Y. 10286-1600

FUND CODE	PLAN NUMBER	CONTRIBUTION AMOUNT-1988	CONTRIBUTION AMOUNT-1989
097	56489930-0	---------------	---------------

PACIFIC HORIZON AGGRESSIVE GROWTH

BNY CUST LORETTA DURBIN
UNDER IRA PLAN   ROLLOVER
PO BOX 790
SPRINGFIELD IL 62705

097 564899300   0000000000

REFER INQUIRIES AND ADDRESS CORRECTIONS TO: PACIFIC HORIZON
P.O. Box 11600, Church Street Station, New York, N.Y. 10286-1600

DETACH HERE

DATE	TYPE OF TRANSACTION FOR	DOLLAR AMOUNT	SHARE PRICE	TRANSACTION SHARES	TOTAL SHARES	VALUE
PACIFIC HORIZON AGGRESSIVE GROWTH						
FUND CODE 097 PLAN NO. 56489930-0						
06/30/89	BALANCE FORWARD				234.782	
07/18/89	BOOK SHARES TRANSFER-O		17.28	234.782-		
09/30/89	SHARE VALUATION:		$19.21		0.000	$0.00

1989 CONTRIBUTIONS=
1988 CONTRIBUTIONS=

TOTAL FAIR MARKET VALUE AS OF 09/30/89   0.00
TOTAL DIVIDEND/INTEREST Y-T-D (NON-REPORTABLE)

PLEASE RETAIN THIS STATEMENT FOR YOUR RECORDS.
A CHARGE WILL BE MADE FOR DUPLICATE COPIES

SCHEDULE C
(Form 1040)
Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)
Partnerships, Joint Ventures, Etc., Must File Form 1065.
▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074
1990
Attachment Sequence No. 09

Proprietor name: Richard J. Durbin
Social security number (SSN): 493-46-1338

A Principal business or profession, including product or service (see Inst.): Honoraria
B Principal business code ▶ 6882

C Business name & address (include suite or room no.) ▶ Hon. Richard J. Durbin
Springfield, IL/Washington, DC
D Employer ID number (Not SSN)

E Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

F Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☒ Does not apply (if checked, go to line H)

		Yes	No
G	Was there any change in determining quantities, costs, or valuations between opening & closing inventory? (If "Yes," attach explanation.)		
H	Are you deducting expenses for business use of your home? (If "Yes," see Instructions for limitations.)		X
I	Did you "materially participate" in the operation of this business during 1990? (If "No," see Instructions for limitations on losses.)	X	
J	If this is the first Schedule C filed for this business, check here ▶ ☐		

Part I Income

1	Gross receipts or sales. **Caution:** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the Instructions and check here ▶ ☐	1	26,600.
2	Returns and allowances	2	
3	Subtract line 2 from line 1. Enter the result here	3	26,600.
4	Cost of goods sold (from line 38 on page 2)	4	
5	Subtract line 4 from line 3 and enter the gross profit here	5	26,600.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see Instructions)	6	
7	Add lines 5 and 6. This is your **gross income** ▶	7	26,600.

Part II Expenses

8	Advertising	8		21	Repairs and maintenance	21	
9	Bad debts from sales or services (see Instructions)	9		22	Supplies (not included in Part III)	22	
10	Car & truck exp. (attach Form 4562)	10		23	Taxes and licenses	23	
11	Commissions and fees	11		24	Travel, meals, & entertainment:		
12	Depletion	12		a	Travel	24a	
13	Depreciation and section 179 expense deduction (not included in Part III) (see Instructions)	13		b	Meals and entertainment		
14	Employee benefit programs (other than on line 19)	14		c	Enter 20% of line 24b subject to limitations (see Inst.)		
15	Insurance (other than health)	15		d	Subtract line 24c from line 24b	24d	
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less jobs credit)	26	
b	Other	16b		27a	Other:		
17	Legal and professional services	17					
18	Office expense	18					
19	Pension & profit-sharing plans	19					
20	Rent or lease (see Instructions):						
a	Vehicles, machinery and equip.	20a					
b	Other business property	20b		27b	Total other expenses	27b	

28	Add amounts in columns for lines 8 through 27b. These are your **total expenses** ▶	28	
29	**Net profit or (loss).** Subtract line 28 from line 7. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see Instructions). If a loss, you MUST go on to line 30 (fiduciaries, see Instructions)	29	26,600.
30	If you have a loss, you MUST check the box that describes your investment in this activity (see Inst.) If you checked 30a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see Instructions). If you checked 30b, you MUST attach Form 6198.	30a ☐ All investment is at risk. 30b ☐ Some investment is not at risk.	

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule C (Form 1040) 1990**

H733 C12 NTF 4788B

SCHEDULE D
(Form 1040)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)
▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074
1990
Sequence No. 12A

Name(s) shown on Form 1040	Your social security number
Richard J. & Loretta M. Durbin	493-46-1338

1 Enter total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See Instructions for line 1	1	5,574.

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see Instructions)	(e) Cost or other basis (see Instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.						
150SH Texas Ins	06/16/89	04/12/90	5,574.	6,649.	1,075.	
2b Amounts from Schedule D-1, line 2b (attach Schedule D-1) . . .						
2c Total of All Sales Price Amounts. Add column (d) of lines 2a and 2b . . . . ▶ 2c			5,574.			
2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)						

			(f)	(g)
3	Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	3		
4	Short-term gain from installment sales from Form 6252, line 22 or 30	4		
5	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5		
6	Short-term capital loss carryover from 1989 Schedule D, line 29	6		
7	Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)	7	(1,075.)	
8	Net short-term gain or (loss). Combine columns (f) and (g) of line 7	8		-1,075.

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a)	(b)	(c)	(d)	(e)	(f)	(g)
9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.						
9b Amounts from Schedule D-1, line 9b (attach Schedule D-1) . . .						
9c Total of All Sales Price Amounts. Add column (d) of lines 9a and 9b . . . . ▶ 9c						
9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)						

			(f)	(g)
10	Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	10		
11	Long-term gain from installment sales from Form 6252, line 22 or 30	11		
12	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	12		
13	Capital gain distributions	13		
14	Gain from Form 4797, line 7 or 9	14		
15	Long-term capital loss carryover from 1989 Schedule D, line 36	15	11,921.	
16	Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g)	16	(11,921.)	
17	Net long-term gain or (loss). Combine columns (f) and (g) of line 16	17		-11,921.

For Paperwork Reduction Act Notice, see Form 1040 Instructions. H733 D12 NTF 4425 Preparers Edition Schedule D (Form 1040) 1990

Schedule D (Form 1040) 1990 Attachment Sequence No. 12A Page 2

Name(s) shown on Form 1040. (Do not enter name & social security number if shown on page 1.)
Richard J. & Loretta M. Durbin

Your social security number
493-46-1338

Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13		18	-12,996.
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of: a The (loss) on line 18; or b ($3,000) or, if married filing a separate return, ($1,500)		19	(3,000.)
	Note: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive. Go on to Part IV if the loss on line 18 is more than $3,000 ($1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.			

Part IV Capital Loss Carryovers from 1990 to 1991

Section A. -- Carryover Limit

20	Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see Instructions for amount to enter.)		20	120,516.
	Note: For lines 21 through 36, enter all amounts as positive numbers.			
21	Enter the loss on line 19		21	3,000.
22	Enter the amount on Form 1040, line 36		22	8,200.
23	Combine lines 20, 21, and 22. If zero or less, enter -0-		23	131,716.
24	Carryover Limit. Enter the smaller of line 21 or line 23		24	3,000.

Section B. -- Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss on line 8			25	1,075.
26	Enter the gain, if any, on line 17	26			
27	Enter the amount on line 24	27	3,000.		
28	Add lines 26 and 27			28	3,000.
29	Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter -0-			29	0.

Section C. -- Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 17 and line 19.)

30	Enter the loss on line 17			30	11,921.
31	Enter the gain, if any, on line 8			31	
32	Enter the amount on line 24	32	3,000.		
33	Enter the amount, if any, on line 25	33	1,075.		
34	Subtract line 33 from line 32. If zero or less, enter -0-			34	1,925.
35	Add lines 31 and 34			35	1,925.
36	Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter -0-			36	9,996.

Part V Election Not to Use the Installment Method

(Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method ▶ ☐

38 Enter the face amount of the note or other obligation ▶

39 Enter the percentage of valuation of the note or other obligation ▶

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

			Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule
40	Form 1040, line 22	40	
41	Schedule C (Form 1040)	41	
42	Schedule D (Form 1040)	42	
43	Schedule E (Form 1040)	43	
44	Schedule F (Form 1040)	44	
45	Other form or schedule (identify) (if nontaxable, indicate reason -- attach additional sheets if necessary):	45	
46	Total (add lines 40 through 45)	46	

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions.

SCHEDULE E
(Form 1040)
Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)
▶ Attach to Form 1040 or Form 1041.
▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074
1990
Attachment Sequence No. 13

Name(s) shown on return: Richard J. & Loretta M. Durbin
Your social security number: 493-46-1338

Part I Income or Loss From Rentals and Royalties **Note:** Report farm rental income or loss from Form 4835 on page 2, line 38.

1 Show the kind and location of each rental property:
A
B
C

2 For each rental property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See Instructions.)		Yes	No
	A		
	B		
	C		

		Properties			D Totals (Add columns A, B, and C)	
		A	B	C		
Rental and Royalty Income:						
3 Rents received	3				3	
4 Royalties received	4				4	
Rental and Royalty Expenses:						
5 Advertising	5					
6 Auto and travel	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Mortgage interest paid to banks, etc. (see Instructions)	11				11	
12 Other interest	12					
13 Repairs	13					
14 Supplies	14					
15 Taxes	15					
16 Utilities	16					
17 Wages and salaries	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see Instructions)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see Instructions to find out if you must file Form 6198	22					
23 Deductible rental loss. **Caution:** Your rental loss on line 22 may be limited. See Instructions to find out if you must file Form 8582	23	( )	( )	( )		

24 **Income.** Add rental and royalty income from line 22. Enter the total income here	24	
25 **Losses.** Add royalty losses from line 22 and rental losses from line 23. Enter the total losses here	25	( )
26 Total rental and royalty income or (loss). Combine amounts on lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, enter the amount from line 26 on Form 1040, line 18. Otherwise, include the amount from line 26 in the total on line 40 page 2	26	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule E (Form 1040) 1990 Attachment Sequence No. 13 Page 2

Name(s) shown on return. (Do not enter name and SSN if shown on page 1.)	Your social security number
Richard J. & Loretta M. Durbin	493-46-1338

Note: If you report amounts from farming or fishing on Schedule E, you must include your gross income from those activities on line 41 below.

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See Instructions. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk? (e) All is at risk	(f) Some is not at risk
A	Fairbanks Plaza LTD	P		36-3550245	X	
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (Attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
E					
28a Totals					
b Totals					

29 Add amounts in columns (h) and (k) of line 28a. Enter the total income here	29	
30 Add amounts in columns (g), (i), and (j) of line 28b. Enter the total here	30	( )
31 Total partnership and S corporation income or (loss). Combine amounts on lines 29 and 30. Enter the result here and include in the total on line 40 below	31	

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		
C		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (Attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
33a Totals				
b Totals				

34 Add amounts in columns (d) and (f) of line 33a. Enter the total income here	34	
35 Add amounts in columns (c) and (e) of line 33b. Enter the total here	35	( )
36 Total estate and trust income or (loss). Combine amounts on lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder

37 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see Instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38 Combine amounts in columns (d) and (e) only. Enter the result here and include in the total on line 40 below	38	

Part V Summary

39 Net farm rental income or (loss) from Form 4835. (Also complete line 41 below.)			39	
40 TOTAL income or (loss). Combine amounts on lines 28, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 18 ▶			40	
41 Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported in Parts II and III, and on line 39 (see Instructions)	41			

SCHEDULE SE
(Form 1040)
Department of the Treasury
Internal Revenue Service

Social Security Self-Employment Tax

▶ See instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074
1990
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040) Richard J. Durbin	Social security number of person with self-employment income ▶ 493-46-1338

Who Must File Schedule SE

You must file Schedule SE if:

- Your net earnings from self-employment were $400 or more; OR
- You were an employee of an electing church or church-controlled organization that paid you wages (church employee income) of $100 or more;

  AND

- Your wages (subject to social security or railroad retirement tax) were less than $51,300.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, AND you filed Form 4361 and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 48.

For more information about Schedule SE, see the Instructions.

Note: Most people can use the short Schedule SE on this page. But, you may have to use the longer Schedule SE on page 2.

Who MUST Use the Long Schedule SE (Section B)

You must use Section B if ANY of the following apply:

- You elect the "optional method" to figure your self-employment tax (see Section B, Part II and the instructions);
- You are a minister, member of a religious order, or Christian Science practitioner and you received IRS approval (from Form 4361) not to be taxed on your earnings from these sources, but you owe self-employment tax on other earnings;
- You had church employee income of $100 or more that was reported to you on Form W-2;
- You had tip income that is subject to social security tax, but you did not report those tips to your employer; OR
- You were a government employee with wages subject ONLY to the 1.45% Medicare part of the social security tax (Medicare qualified government wages) AND the total of all of your wages (subject to social security, railroad retirement, or the 1.45% Medicare tax) plus all your earnings subject to self-employment tax is more than $51,300.

Section A — Short Schedule SE (Read above to see if you must use the long Schedule SE on page 2 (Section B).)

1	Net farm profit or (loss) from Schedule F (Form 1040), line 38, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C (Form 1040), line 29, and Schedule K-1 (Form 1065), line 15a (other than farming). See instructions for other income to report	2	26,600.
3	Combine lines 1 and 2. Enter the result	3	26,600.
4	Multiply line 3 by .9235. Enter the result. If the result is less than $400, do not file this schedule; you do not owe self-employment tax ▶	4	24,565.
5	Maximum amount of combined wages and self-employment earnings subject to social security or railroad retirement (tier 1) tax for 1990	5	$51,300.00
6	Total social security wages and tips (from Form(s) W-2) and railroad retirement compensation (tier 1). Do not include Medicare qualified government wages on this line	6	51,300.
7	Subtract line 6 from line 5. Enter the result. If the result is zero or less, do not file this schedule; you do not owe self-employment tax ▶	7	0.
8	Enter the smaller of line 4 or line 7	8	
9	Rate of tax	9	x .153
10	Self-employment tax. If line 8 is $51,300, enter $7,848.90. Otherwise, multiply the amount on line 8 by the decimal amount on line 9 and enter the result. Also enter this amount on Form 1040, line 48. Note: Also enter one-half of this amount on Form 1040, line 25.	10	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1990

Form **2106**
Department of the Treasury
Internal Revenue Service

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040.

OMB No. 1545-0139
1990
Attachment Sequence No. 54

Your name: Richard J. Durbin
Social security number: 493-46-1338
Occupation in which expenses were incurred: Congressman

Part I Employee Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	184.	
2 Parking fees, tolls, and local transportation, including train, bus, etc.	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	3,000.	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4		
5 Meals and entertainment expenses. (See the separate instructions.)	5		
6 Add lines 1 through 5 and enter the total expenses here.	6	3,184.	

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Enter Amounts Your Employer Gave You For Expenses Listed in STEP 1			
7 Enter amounts your employer gave you that were not reported to you in Box 10 of Form W-2. Include any amount reported under code "L" in Box 17 of your Form W-2. (See instructions.)	7		

STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040)			
8 Subtract line 7 from line 6	8	3,184.	
Note: If both columns of line 8 are zero, stop here. If column A is less than zero, report the amount as income and enter -0- on line 10, column A. See the separate instructions for how to report.			
9 Enter 20% (.20) of line 8, Column B	9		
10 Subtract line 9 from line 8	10	3,184.	

11 Add the amounts on line 10 of both columns and enter the total here. Also enter the total on Schedule A (Form 1040), line 20. (Qualified performing artists and individuals with disabilities, see the separate instructions for special rules on where to enter the total.) ▶	11	3,184.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **2106** (1990)

Form 2106 (1990) Page 2

Part II Vehicle Expenses (See instructions to find out which sections to complete.)

Section A. — General Information

			(a) Vehicle 1	(b) Vehicle 2
12	Enter the date vehicle was placed in service	12	06/20/90	
13	Total mileage vehicle was used during 1990	13	18000 miles	miles
14	Miles included on line 13 that vehicle was used for business	14	706 miles	miles
15	Percent of business use (divide line 14 by line 13)	15	4 %	%
16	Average daily round trip commuting distance	16	20 miles	miles
17	Miles included on line 13 that vehicle was used for commuting	17	5000 miles	miles
18	Other personal mileage (add lines 14 and 17 and subtract the total from line 13)	18	12294 miles	miles

19 Do you (or your spouse) have another vehicle available for personal purposes? ☒ Yes ☐ No

20 If your employer provided you with a vehicle, is personal use during off duty hours permitted? ☐ Yes ☒ No ☐ Not applicable

21a Do you have evidence to support your deduction? ☒ Yes ☐ No. **21b** If "Yes," is the evidence written? ☒ Yes ☐ No

Section B. — Standard Mileage Rate (Use this section only if you own the vehicle.)

22	Multiply line 14 by 26 cents (.26). Enter the result here and on line 1. (Rural mail carriers, see the separate instructions.)	22	184.

Section C. — Actual Expenses

			(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2. See instructions.)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 15	27		
28	Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. — Depreciation of Vehicles (Use this section only if you own the vehicle.)

			(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis. (See instructions.)	30		
31	Enter amount of Section 179 deduction. (See instructions.)	31		
32	Multiply line 30 by line 15. (See instructions if you elected the Section 179 deduction.)	32		
33	Enter depreciation method and percentage. (See instructions.)	33		
34	Multiply line 32 by the percentage on line 33. (See instructions.)	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount from the table in the line 36 instructions	36		
37	Multiply line 36 by the percentage on line 15	37		
38	Enter the smaller of line 35 or line 37. Also enter it on line 28 above	38		

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals and Fiduciaries

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040A, or Form 1041.

OMB No. 1545-0140
1990
Attachment Sequence No. 44

Name(s) shown on tax return: Richard J. & Loretta M. Durbin

Identifying number: 493-46-1338

A Change To Note

In response to many requests to simplify Form 2210, IRS has developed a new **Short Method** to figure the penalty. To see if you can use the short method, read the instructions on this page. Then, if you can use it, complete only Parts I and II below.

Purpose of Form

Use Form 2210 to see if you owe a penalty for underpaying your estimated tax and, if you do, to figure the amount of the penalty.

If you prefer, IRS will figure the penalty for you and send you a bill. But see **Lowering Your Penalty**, below. If you want IRS to figure the penalty for you, leave the penalty line on your return blank; do not file Form 2210.

Lowering Your Penalty

If any of the conditions below applies to you, you may be able to lower the amount of your penalty. But you must complete and attach Form 2210 to your tax return to do so. In the space next to the penalty amount on your tax return, you **must** write the letter (A, B, or C) that corresponds to any of the following conditions that applies to you.

A. You claim a **waiver**. See page 1 of the separate Instructions.

B. Your income varied during the year and you use the **annualized income installment method** to figure your required installment payments. See the instructions for line 20.

C. You had Federal income tax withheld from your wages and you treat it as being paid when it was **actually withheld** (instead of in four equal amounts). See the instructions for line 21.

Short Method

If you made estimated tax payments, you may use the short method only if:

- You paid your estimated tax in four equal amounts; and
- You paid your estimated tax on the due dates.

You may also use the short method if you made no payments at all, or your only credit for payment was due to Federal income tax withholding.

Note: If you made estimated tax payments, the short method will give the precise penalty amount only if your payments were made exactly on the due dates. If any payment was made early, using the short method may cause you to pay a larger penalty than the regular method. If the payment is only a few days early, the difference will generally be small.

Although line 17 of the short method requires a five-place decimal computation, it will relieve you of making the more complicated computations under the regular method.

Do not use the short method if you made any of your estimated tax payments late.

You must use the regular method if B or C under **Lowering Your Penalty** applies. But if A applies, and you meet the conditions above, you may use the short method.

Regular Method

Use the regular method to figure the penalty if you did not pay your estimated tax payments on the due dates or in four equal amounts. To use the regular method, complete Part I below and Part III on page 2.

Part I Required Annual Payment — All filers must complete this part.

1	Enter your 1990 tax after credits (from Form 1040, line 47; Form 1040A, line 25; or Form 1041, Schedule G, line 4)			1	31,632.
2	Other taxes (see instructions)			2	
3	Add lines 1 and 2			3	31,632.
4	Earned income credit	4			
5	Credit for Federal tax on fuels	5			
6	Add lines 4 and 5			6	
7	Current year tax. Subtract line 6 from line 3			7	31,632.
8	Multiply line 7 by 90% (.90) and enter the result	8	28,469.		
9	Withholding taxes from 1990 Form 1040, lines 55 and 59; Form 1040A, line 28a; or Form 1041, line 24e. Include any credit from Form 4469. (Do **not** include any estimated tax payments on this line)			9	24,134.
10	Subtract line 9 from line 7. If the result is less than $500, stop here; **do not** complete or file this form. You do not owe the penalty			10	7,498.
11	Enter your prior year (1989) tax. (**Caution:** See Instructions.)			11	21,239.
12	**Required annual payment.** Enter the **smaller** of line 8 or line 11 (see Instructions)			12	21,239.

Note: If line 9 is equal to or more than line 12, stop here. You do not owe the penalty.

Part II Short Method — If you made estimated tax payments, use this method only if they were paid on the due dates and in four equal amounts. Otherwise, use the regular method (Part III) on page 2.

13	Enter the amount, if any, from line 9 above	13			
14	Enter the total amount, if any, of estimated tax payments you made	14			
15	Add lines 13 and 14			15	
16	**Total underpayment for year.** Subtract line 15 from line 12. (If the result is zero or less, stop here; you do not owe the penalty.)			16	
17	Multiply line 16 by .07315 and enter the result			17	
18	• If the amount on line 16 was paid on or after 4/15/91, enter -0-. • If the amount on line 16 was paid before 4/15/91, make the following computation to find the amount to enter on line 18. Amount on line 16 X Number of days paid before 4/15/91 X .0003			18	
19	**PENALTY.** Subtract line 18 from line 17. Enter the result here and on Form 1040, line 67; Form 1040A, line 33; or Form 1041, line 26 ▶			19	

Part III Regular Method

Section A — Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/90	(b) 6/15/90	(c) 9/15/90	(d) 1/15/91
20 **Required installment.** Divide line 12 by 4 and enter the result in each column. **Exception:** If you use annualized income installment method, see the instructions and check this box ▶ ☐	20				
Complete lines 21 through 28 of one column before going to the next column. 21 Estimated tax paid and tax withheld. (See Instructions.) For column (a) only, also enter the amount from line 21 on line 25	21				
If line 21 is equal to or more than line 20 for all payment periods, stop here; you do not owe the penalty. But see "Lowering Your Penalty" on pg. 1. 22 Enter amount, if any, from line 28 of previous column	22	▨			
23 Add lines 21 and 22	23	▨			
24 Add amounts on lines 26 and 27 of the previous column. Enter the total here	24	▨			
25 Subtract line 24 from line 23. If zero or less, enter -0-. For column (a) only, enter the amount from line 21	25	0.	0.	0.	0.
26 Remaining underpayment from previous period. If the amount on line 25 is -0-, subtract line 23 from line 24 and enter the result. Otherwise, enter -0-	26	▨	0.	0.	0.
27 **Underpayment.** If line 20 is equal to or more than line 25, subtract line 25 from line 20. Then go to line 21 of next column. Otherwise, go to line 28 ▶	27				
28 Overpayment. If line 25 is more than line 20, subtract line 20 from line 25. Then go to line 21 of next column	28				

Section B — Figure the Penalty (Complete lines 29 and 30 of one column before going to the next column.)

		4/15/90	6/15/90	9/15/90	1/15/91
29 Number of days FROM the date shown above line 29 TO the date the amount on line 27 was paid or 4/15/91, whichever is earlier	29	Days:	Days:	Days:	Days:
30 $\frac{\text{Number of days on line 29}}{365} \times .11 \times$ underpayment on line 27 (see instructions) ▶	30	$	$	$	$

31 **PENALTY.** Add the amounts in each column of line 30. Enter the total here and on Form 1040, line 67; Form 1040A, line 33; or Form 1041, line 28 ▶ 31 $

Preparers Edition

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

► See separate instructions.
► Attach to your tax return.

OMB No. 1545-0191

1990

Attachment
Sequence No. 72

Name(s) shown on return: Richard J. & Loretta M. Durbin

Identifying number: 493-46-1338

1	Investment interest expense paid or accrued in 1990. See Instructions			1	436.
2	Investment income minus investment expenses. See Instructions	2	1,208.		
3	Phase-in adjustment from passive activities. See Instructions	3			
4	**Net investment income.** Subtract line 3 from line 2. If zero or less, enter -0-			4	1,208.
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 13, and skip lines 6 through 12			5	0.
6	Enter the amount from line 1, minus the interest expense from certain trade or businesses. See Instructions			6	
7	Enter the amount from line 2, without the income or expenses from certain trade or businesses. See Instructions	7			
8	Phase-in ceiling amount: **Individuals (not married filing separately) and estates, enter $10,000** **Married individuals filing separately, enter $5,000** **Trusts, enter -0-**	8			
9	Add lines 7 and 8			9	
10	Subtract line 9 from line 6. If zero or less, enter -0-			10	
11	Subtract line 10 from line 5. If zero or less, enter -0-			11	
12	Multiply line 11 by 90% (.9)			12	
13	Add lines 10 and 12			13	
14	Enter the amount from line 1	14	436.		
15	Enter the smaller of line 5 or line 13	15			
16	Subtract line 15 from line 14	16	436.		
17	Disallowed investment interest expense from 1989 Form 4952, line 23. If zero, enter -0- here and on lines 21 and 22, and skip lines 18 through 20	17	0.		
18	Enter the amount from line 4. If line 4 is zero, enter -0- here and on line 20 and skip line 19 — 18				
19	Enter the amount from line 1 — 19				
20	Subtract line 19 from line 18. If zero or less, enter -0- — 20				
21	Enter the smaller of line 17 or line 20	21	0.		
22	Subtract line 21 from line 17	22	0.		
23	**Disallowed investment interest expense to be carried forward to 1991. Add lines 15 and 22**			23	
24	**Investment interest expense deduction. Add lines 16 and 21. See Instructions**			24	436.

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **4952** (1990)

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax — Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR. Estates and trusts, use Form 8656.

OMB No. 1545-0227

1990

Attachment Sequence No. 32

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

1	Taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions.)			1	120,516.
2	Net operating loss deduction, if any, from Form 1040, line 22. (Enter as a positive amount.)			2	
3	Combine lines 1 and 2			3	120,516.
4	Adjustments: (See instructions before completing.)				
a	Standard deduction, if any, from Form 1040, line 34	4a			
b	Personal exemption amount from Form 1040, line 36	4b	8,200.		
c	Medical and dental expenses	4c			
d	Miscellaneous itemized deductions from Schedule A (Form 1040), line 25	4d	1,687.		
e	Taxes from Schedule A (Form 1040), line 8	4e	5,326.		
f	Refund of taxes	4f	( )		
g	Personal interest from Schedule A (Form 1040), line 12b	4g	88.		
h	Other interest adjustments	4h			
i	Reserved	4i			
j	Depreciation of tangible property placed in service after 1986	4j			
k	Circulation and research and experimental expenditures paid or incurred after 1986	4k			
l	Mining exploration and development costs paid or incurred after 1986	4l			
m	Long-term contracts entered into after 2/28/86	4m			
n	Pollution control facilities placed in service after 1986	4n			
o	Installment sales of certain property	4o			
p	Adjusted gain or loss	4p			
q	Certain loss limitations	4q			
r	Tax shelter farm loss	4r			
s	Passive activity loss	4s			
t	Beneficiaries of estates and trusts	4t			
u	Combine lines 4a through 4t			4u	15,301.
5	Tax preference items: (See instructions before completing.)				
a	Appreciated property charitable deduction	5a			
b	Tax-exempt interest from private activity bonds issued after 8/7/86	5b			
c	Depletion	5c			
d	Accelerated depreciation of real property placed in service before 1987	5d			
e	Accelerated depreciation of leased personal property placed in service before 1987	5e			
f	Amortization of certified pollution control facilities placed in service before 1987	5f			
g	Intangible drilling costs	5g			
h	Add lines 5a through 5g			5h	
6	Combine lines 3, 4u, and 5h			6	135,817.
7	Alternative tax net operating loss deduction. (Do not enter more than 90% of line 6.) See instructions			7	
8	Alternative minimum taxable income. Subtract line 7 from line 6. If married filing a separate return, see inst.			8	135,817.
9	Enter: $40,000 ($20,000 if married filing separately; $30,000 if single or head of household)			9	40,000.
10	Enter: $150,000 ($75,000 if married filing separately; $112,500 if single or head of household)			10	150,000.
11	Subtract line 10 from line 8. If zero or less, enter -0- here and on line 12 and go to line 13			11	0.
12	Multiply line 11 by 25% (.25)			12	
13	Subtract line 12 from line 9. If zero or less, enter -0-. If completing this form for a child under age 14, see instructions for amount to enter			13	40,000.
14	Subtract line 13 from line 8. If zero or less, enter -0- here and on line 19 and skip lines 15 through 18			14	95,817.
15	Multiply line 14 by 21% (.21)			15	20,122.
16	Alternative minimum tax foreign tax credit. See instructions			16	
17	Tentative minimum tax. Subtract line 16 from line 15			17	20,122.
18	Enter your tax from Form 1040, line 38, minus any foreign tax credit on Form 1040, line 43. If an amount is entered on line 39 of Form 1040, see instructions			18	31,632.
19	Alternative minimum tax. Subtract line 18 from line 17. If zero or less, enter -0-. Enter this amount on Form 1040, line 48. If completing this form for a child under age 14, see instructions for amount to enter			19	

For Paperwork Reduction Act Notice, see separate instructions.

Form 6251 (1990)

Form **8271**
(Rev. July 1990)
Department of the Treasury
Internal Revenue Service

Investor Reporting of Tax Shelter Registration Number

▶ Attach to your tax return.

▶ If you received this form from a partnership, S corporation, or trust, see the instructions.

OMB No. 1545-0881
Expires 6-30-93

Attachment
Sequence No. 71

Investor's name(s) as shown on return: Richard J. & Loretta M. Durbin

Investor's taxpayer identification number: 493-46-1338

Investor's tax year ending: 12/31/90

Part I Tax Shelter Information

	(a) Tax Shelter Name	(b) Tax Shelter Registration Number (11-digit number)	(c) Tax Shelter Taxpayer Identification Number	(d) Type of Tax Shelter (see list in instructions)
1	Fairbanks Plaza LTD	88028000664	363550245	35
2				
3				
4				
5				

Part II Tax Shelter Benefits Claimed/Reported By Investor on Return to Which This Form 8271 Is Attached

Note: If you received any Schedules K-1 for these benefits, see the specific instructions for Part II on page 2.

	(a) Gross Income, Gross Profits, and Gains	(b) Deductions and Losses	(c) Credits	(d) Forms and Schedules Where Benefits Are Claimed or Reported
1				
2				See K-1 attached
3				
4				
5				

For Paperwork Reduction Act Notice, see Instructions.

Form **8271** (Rev. 7-90)

Name: Richard J. & Loretta M. Durbin

Supporting Schedules

1990

SSN: 493-46-1338

Form 1040 - page 1
Line 7 - W-2 Information

Employer	T/S	Type	Gross wages	FICA wages	Taxes withheld Federal	FICA	State	Local
Sergeant at Arms	T	R	90646	51300	19308	3924	2216	
State of IL	S	R	18951		2647		569	
State of IL	S	R	11616	11616	2179	889	349	
			121213	62916	24134	4813	3134	

Supporting Schedules 1990
Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338

* * *

Schedule A Line 12a. - Personal Interest Expenses	Amount
Chrysler Credit	807.
VISA	75.
	882.

Schedule A Line 21. - Miscellaneous deductions subject to 2% limitation	Amount
Professional Dues	140.
1989 Tax Preparation	350.
Investment Expenses	864.
	1,354.

```
                                         Supporting Schedules
Name: Richard J. & Loretta M. Durbin                                         1990
                                                                 SSN: 493-46-1338
*********************************************************************************

Fairbanks Plaza LTD
                        Publicly Traded Partnerships (PTP) Worksheet
=================================================================================
 1a Pre-enact. activities with current year income.|1a|
  b Pre-enact. activities with current year loss...|1b|             |/////////////
  c Combine lines 1a and 1b..................................|1c     |/////////////
 2a Post-enact. activities with current year income|2a|
  b Post-enact. activities with current year loss..|2b|      8,552. |/////////////
  c Prior year unallowed losses....................|2c|      6,406. |/////////////
  d Combine lines 2a, 2b, and 2c............................|2d     |/////////////
 3  Combine lines 1c and 2d. If the result is an overall gain,|           -14,958.
    stop here and see instructions for how to report on Sch. E.| 3 |
 4  Enter amount from line 1c. If net income skip to line 7....| 4 |      -14,958.
 5  Enter as a positive amount the smaller of lines 3 or line 4| 5 |
 6  Multiply line 5 by 20%(.2) and enter the result...........| 6 |
 7  Add income, if any, from lines 1a and 2a. Enter the result.| 7 |
 8  Total loss allowed from this PTP for 1990. Add lines 6 & 7.| 8 |
 9  Disallowed losses from this PTP. Subtract line 6 from 3....| 9 |            0.
=================================================================================
                                                                       14,958.

Allocation of Unallowed PTP Losses

A. Enter line 3 of PTP Worksheet......................         14,958.
B. Enter line 6 of PTP Worksheet......................
C. Subtract line B from line A........................         14,958.

    Name of Activity                                              (c) Unallowed
-------------------------       (a) Loss        (b) Ratio              Loss
Fairbanks Plaza LTD           ------------      ---------       ------------
                                  14,958.        1.00000             14,958.
                              ------------      ---------       ------------
                                  14,958.        1.00000             14,958.
                              ============      =========       ============


Allowed PTP Losses for Activity Reported on One Schedule
    Name of Activity                            Unallowed          Allowed
--------------------------      (a) Loss        (b) Loss          (c) Loss
Fairbanks Plaza LTD           ------------    ------------      ------------
                                  14,958.         14,958.                 0.
                              ------------    ------------      ------------
                                  14,958.         14,958.                 0.
                              ============    ============      ============
```

SCHEDULE K-1
(Form 1065)
Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Credits, Deductions, Etc.

▶ See separate instructions.
For calendar year 1990 or tax year
beginning , 1990, and ending , 19

OMB No. 1545-0099

1990

Partner's identifying number ▶ 493-46-1338

Partnership's identifying number ▶ 36 3550245

Partner's name, address, and ZIP code Partner # 17

Mr. & Mrs. Richard Durbin
1525 South Bates Street
Springfield, IL 62704

Partnership's name, address, and ZIP code

FAIRBANKS PLAZA LIMITED PARTNERSHIP

828 SOUTH WABASH, SUITE 316
CHICAGO, ILLINOIS 60605

A Is this partner a general partner? ☐ Yes ☒ No

B Partner's share of liabilities (see instructions):
Nonrecourse $ 21,039.
Qualified nonrecourse financing $
Other $

C What type of entity is this partner? ▶ Individual

D Is this partner a ☒ domestic or a ☐ foreign partner?

E Enter partner's percentage of:

	(i) Before change or termination	(ii) End of year
Profit sharing	%	2.7100%
Loss sharing	%	2.7100%
Ownership of capital	%	2.7100%

F IRS Center where partnership filed return ▶ KANSAS CITY

G(1) Tax shelter registration number ▶ 88028000664

(2) Type of tax shelter ▶ RENTAL REAL ESTATE

H(1) Did the partner's ownership interest in the partnership change after Oct. 22, 1986? ☐ Yes ☒ No
If "Yes," attach statement. (See Form 1065 Instructions.)

(2) Did the partnership start or acquire a new activity after Oct. 22, 1986? ☒ Yes ☐ No
If "Yes," attach statement. (See Form 1065 Instructions.)

I Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) ☐

J Check applicable boxes: (1) ☐ Final K-1 (2) ☐ Amended K-1

K Reconciliation of partner's capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Income (loss) from lines 1,2,3, and 4 below	(d) Income not included in column (c), plus nontaxable income	(e) Losses not included in column (c), plus unallowable deductions	(f) Withdrawals and distributions	(g) Capital account at end of year (combine columns (a) through (f))
22,403.		(8,519.)	0.	0.		13,884.

		(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1	0.	(See Partner's Instructions for Schedule K-1 (Form 1065))
	2	Net income (loss) from rental real estate activities	2	(8,552.)	
	3	Net income (loss) from other rental activities	3		
	4	Portfolio income (loss):			
	a	Interest	4a	33.	Sch. B, Part I, line 1
	b	Dividends	4b		Sch. B, Part II, line 5
	c	Royalties	4c		Sch. E, Part I, line 4
	d	Net short-term capital gain (loss)	4d		Sch. D, line 5, col. (f) or (g)
	e	Net long-term capital gain (loss)	4e		Sch. D, line 12, col. (f) or (g)
	f	Other portfolio income (loss) (attach schedule)	4f		(Enter on applicable lines of your return)
	5	Guaranteed payments to partner	5		(See Partner's Instructions for Schedule K-1 (Form 1065))
	6	Net gain (loss) under section 1231 (other than due to casualty or theft)	6		
	7	Other income (loss) (attach schedule)	7		(Enter on applicable lines of your return)
Deductions	8	Charitable contributions	8		Sch. A, line 14 or 15
	9	Section 179 expense deduction (attach schedule)	9		(See Partner's Instructions for Schedule K-1 (Form 1065))
	10	Deductions related to portfolio income (attach schedule)	10		
	11	Other deductions (attach schedule)	11		
Investment Interest	12a	Interest expense on investment debts	12a		Form 4952, line 1
	b	(1) Investment income included on lines 4a through 4f above	b(1)	33.	(See Partner's Instructions for Schedule K-1 (Form 1065))
		(2) Investment expenses included on line 10 above	b(2)		
Credits	13a	Credit for income tax withheld	13a		(See Partner's Instructions for Schedule K-1 (Form 1065))
	b	Low-income housing credit:			
		(1) From section 42(j)(5) partnerships for property placed in service before 1990	b(1)		Form 8586, line 5
		(2) Other than on line 13b(1) for property placed in service before 1990	b(2)		
		(3) From section 42(j)(5) partnerships for property placed in service after 1989	b(3)		
		(4) Other than on line 13b(3) for property placed in service after 1989	b(4)		
	c	Qualified rehabilitation expenditures related to rental real estate activities (see instructions)	13c		(See Partner's Instructions for Schedule K-1 (Form 1065))
	d	Credits (other than credits shown on lines 13b and 13c) related to rental real estate activities (see instructions)	13d		
	e	Credits related to other rental activities (see instructions)	13e		
	14	Other credits (see instructions)	14		

For Paperwork Reduction Act Notice, see Form 1065 Instructions.

Schedule K-1 (Form 1065) 1990

Illinois Individual Income Tax Return 1990 IL-1040

1991 Do not write above this line

First name and initial / Spouse's first name (and last name if different) / Last name

** CAR-RTE SORT **CR90
493-46-1338 3 DURB 350-36-5292
RICHARD J LORETTA M DURBIN
1525 S BATES
SPRINGFIELD, IL 62704

ILLINOIS

Your Social Security number	493-46-1338
Spouse's Social Security number	350-36-5292
4-digit school code	1055
Decedent's Social Security number	

Exemptions

a How many exemptions did you claim on your 1990 federal return? a 4

b Check if in 1990 you were
☐ 65 or over
☐ legally blind
☐ claimed as a dependent on another person's 1990 federal return

Check if in 1990 your spouse was
☐ 65 or over
☐ legally blind
☐ claimed as a dependent on another person's 1990 federal return

Write on this line the number of boxes you checked above. b

c Total exemptions. Add lines a and b. c 4

Filing Status
☐ Single or head of household
☒ Married filing jointly
☐ Married filing separately
☐ Widowed

Farmers: If two thirds of your total gross income came from farming, check box. → ☐

ATTACH COPY OF ALL W-2'S HERE

Income	1	Adjusted gross income (U.S. 1040, line 31; U.S. 1040A, line 16; or U.S. 1040EZ, line 3)		1	142,553.
	2	Federally tax-exempt interest income (U.S. 1040 or 1040A, line 8b)		2	470.
	3	Other additions (See instructions and specify.)		3	
	4	Total income. Add lines 1, 2, and 3.		4	143,023.
Subtractions	5	Illinois property tax paid on principal residence 2,165. x 2 =	5 4,330.		
	6	Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.)	6		
	7	Military pay earned while a resident and included in line 1	7		
	8	Illinois income tax refund included on U.S. 1040, line 10	8		
	9	U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.)	9		
	10	Other subtractions (See instructions and specify.)	10		
	11	Total subtractions. Add lines 5, 6, 7, 8, 9, and 10. Do not include out-of-state income		11	4,330.
	12	Base income. Subtract line 11 from line 4.		12	138,693.
Exemptions		Check if you were a nonresident ☐ or part-year resident ☐. Attach Schedule NR and write amount from Schedule NR, line 1 here: ______ Then skip to line 15. Illinois residents continue.			
	13	Multiply total exemptions from box c of Exemptions section above by $1,000.		13	4,000.
	14	Net income. Subtract line 13 from line 12.		14	134,693.
Tax/Contributions	15	Tax. Residents, multiply line 14 by 3% (.03) or see tax tables. Others, write line 4 from Schedule NR.		15	4,041.
	16	Voluntary contributions. Your donation will reduce your refund or increase the amount you owe. IL Nongame Wildlife a) ______ Alzheimer's Research c) ______ Child Abuse Prevention b) ______ Assistance to Homeless d) ______	Total contributions	16	
	17	Total tax and contributions. Add lines 15 and 16.		17	4,041.
Credits	18	Illinois income tax withheld. (Attach copy of all W-2's.)	18 3,134.		
	19	Estimated payments (IL-1040-ES, IL-505-I, and 1989 overpayment)	19		
	20	Credit for tax paid to other states (line H of attached Schedule CR)	20		
	21	Tax credits from attached Schedule 1299-C, Part VII, line	21		
	22	Total payments and credits. Add lines 18 through 21.		22	3,134.
Refund	23	Overpayment. If line 22 is greater than line 17, subtract line 17 from line 22.		23	
	24	Amount of overpayment you want credited to next year's taxes.	24		
	25	Amount of refund. Subtract line 24 from line 23.		25	
Pay	26	Amount you owe. If line 17 is greater than line 22, subtract line 22 from line 17.		26	907.
	27	If you completed IL-2210, write your penalty here. If you completed Part III, check box → ☐		27	
	28	Total amount due. Add lines 26 and 27.		28	907.

TAXPAYER'S COPY

ATTACH REMITTANCE

Under penalties of perjury, I state that this return is true and complete.

IL1 NTF 4000 Do not write in this box.

Sign here

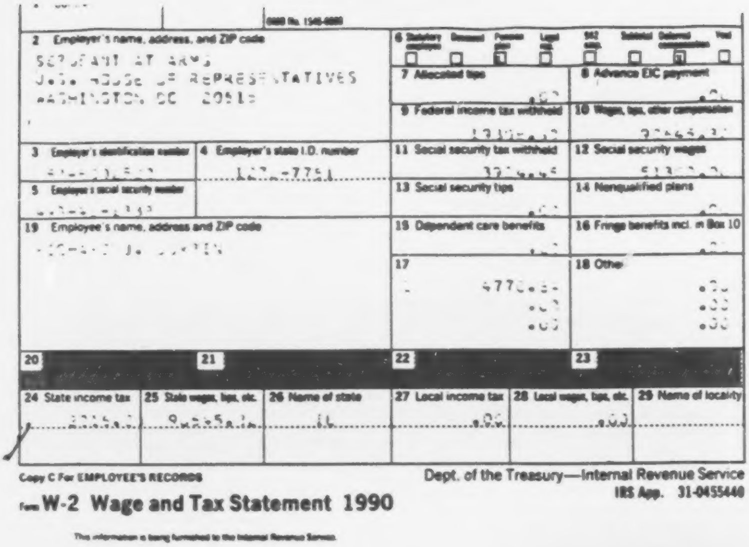
Your signature ______ Date ______ 217-787-3619 Phone number

Spouse's signature ______ Date ______

Francis L Bagley 91
Tax preparer's signature Date ______ Phone number ______ 146-28-8672 Preparer's SSN or FEIN

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

AP______ DR______ NR MV QA QB SN SA SC XX ME ZZ SS SM SE WS WA XA RX CA CS EA NS MR CM DC XU



OMB No. 1545-0008

2 Employer's name, address, and ZIP code SERGEANT AT ARMS U.S. HOUSE OF REPRESENTATIVES WASHINGTON DC 20515		6 Statutory employee ☐ Deceased ☐ Pension plan ☒ Legal rep. ☐ 942 emp. ☐ Subtotal ☐ Deferred compensation ☒ Void ☐	
		7 Allocated tips .00	8 Advance EIC payment .00
		9 Federal income tax withheld [illegible]	10 Wages, tips, other compensation [illegible]
3 Employer's identification number [illegible]	4 Employer's state I.D. number [illegible]-7751	11 Social security tax withheld [illegible]	12 Social security wages [illegible]
5 Employee's social security number [illegible]		13 Social security tips .00	14 Nonqualified plans .00
19 Employee's name, address and ZIP code [illegible]		15 Dependent care benefits .00	16 Fringe benefits incl. in Box 10 .00
		17 4770.[illegible] .00 .00	18 Other .00 .00 .00
20	21	22	23

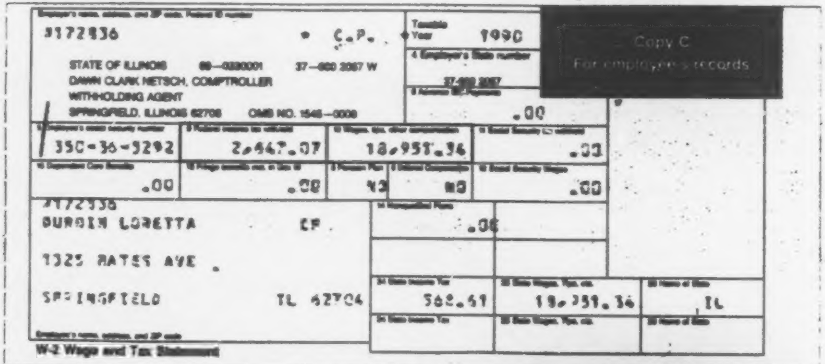
24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
[illegible]	[illegible]	IL	.00	.00	

Copy C For EMPLOYEE'S RECORDS

Dept. of the Treasury—Internal Revenue Service
IRS App. 31-0455440

Form W-2 Wage and Tax Statement 1990

This information is being furnished to the Internal Revenue Service.



9172836 • C.P. •

STATE OF ILLINOIS 66—0000001 37—600 2067 W
DAWN CLARK NETSCH, COMPTROLLER
WITHHOLDING AGENT
SPRINGFIELD, ILLINOIS 62706 OMB NO. 1545—0008

Taxable Year 1990

4 Employer's State number 37-600 2067

.00

Copy C
For employee's records

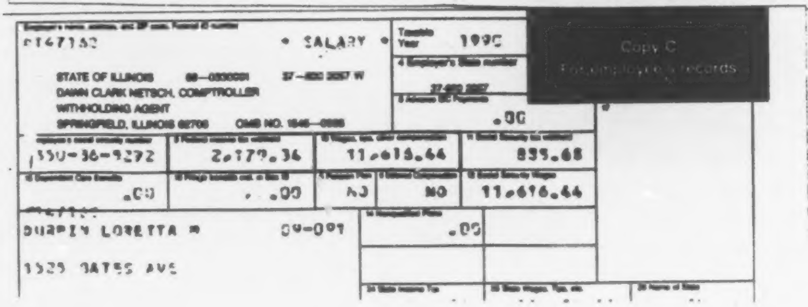
350-36-5292	2,467.07	18,951.36		.00
.00	.00	NO	NO	.00

9172836
DURBIN LORETTA CP
1325 BATES AVE
SPRINGFIELD IL 62704

.00

562.61	18,951.36	IL

W-2 Wage and Tax Statement



9147162 • SALARY •

STATE OF ILLINOIS 66—0000001 37—600 2067 W
DAWN CLARK NETSCH, COMPTROLLER
WITHHOLDING AGENT
SPRINGFIELD, ILLINOIS 62706 OMB NO. 1545—0008

Taxable Year 1990

4 Employer's State number 37-600 2067

.00

Copy C
For employee's records

350-36-5292	2,177.36	11,616.44		835.68
.00	.00	NO	NO	11,616.44

DURBIN LORETTA M 09-001
1325 BATES AVE

.00

Department of the Treasury — Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return** **1990**

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB. No. 1545-0074

Use IRS label. Otherwise, please print or type. LABEL HERE

****** CAR-RT-SORT**CR90
WX 348-74-6256 S09 A1 IRS
PAUL D DURBIN
1525 BATES 288
SPRINGFIELD IL 62704 PP

Your social security no. 348-74-6256

Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign
Do you want $1 to go to this fund? ☐ Yes ☒ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

1 ☒ Single. (See page 10 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 10.) If qualifying person is your child but not your dependent, enter child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (yr. spouse died ▶19). (See page 10.)

Exemptions

(See instructions on page 10.)

6a ☐ Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check box on line 33b, pg. 2.
b ☐ Spouse
No. of boxes checked on 6a and 6b ▶ 0

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1990

If more than 6 dependents, see instructions on page 11.

No. of your children on 6c who:
● lived with you
● didn't live with you due to divorce or separation (see page 11)
No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here . . ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above ▶ 0

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	4,531.
8a	Taxable interest income (also attach Schedule B if over $400)	8a	20.
b	Tax-exempt interest income (see page 13). DON'T include on line 8a 8b		
9	Dividend income (also attach Schedule B if over $400)	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions . . 16a 16b Taxable amount (see page 14)	16b	
17a	Total pensions & annuities 17a 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits . 21a 21b Taxable amount (see pg. 16).	21b	
22	Other income	22	
23	Add amounts shown in far right column for lines 7 through 22. This is your total income ▶	23	4,551.

TAXPAYER'S COPY

Adjustments to Income

(See instructions on page 17.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18 .	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18 .	24b	
25	One-half of self-employment tax (see page 18)	25	
26	Self-employed health insurance deduction, from worksheet on pg. 18	26	
27	Keogh retirement plan and self-employed SEP deduction .	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your total adjustments ▶	30	

Adj. Gr. Income	31	Subtract line 30 from line 23. This is your adjusted gross income ▶	31	4,551.

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Form 1040 (1990). Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)		32	4,551.
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a ☐			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☒			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐			
If you want IRS to figure your tax, see Instructions on page 19.	34	Enter the larger of: • Your standard deduction (from the chart (or worksheet on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐		34	3,250.
	35	Subtract line 34 from line 32.		35	1,301.
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e		36	
	37	Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)		37	1,301.
	38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21). (If any is from Form(s) 8814, enter that amount here ▶ d ____)		38	197.
	39	Additional taxes (see pg. 21). Check if from: a ☐ Form 4970 b ☐ Form 4972		39	
	40	Add lines 38 and 39 ▶		40	197.
Credits	41	Credit for child & dependent care exp. (attach Form 2441)	41		
	42	Credit for the elderly or the disabled (attach Schedule R)	42		
	43	Foreign tax credit (attach Form 1116)	43		
(See Instructions on page 21.)	44	General busn. credit. Check if from: a ☐ Form 3800 or b ☐ Form ____	44		
	45	Credit for prior year minimum tax (attach Form 8801)	45		
	46	Add lines 41 through 45.		46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-) ▶		47	197.
Other Taxes	48	Self-employment tax (attach Schedule SE)		48	
	49	Alternative minimum tax (attach Form 6251)		49	
	50	Recapture taxes (see pg. 22). Check if from: a ☐ Form 4255 b ☐ Form 8611		50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)		51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)		52	
	53	Advance earned income credit payments, from Form W-2		53	
	54	Add lines 47 through 53. This is your total tax ▶		54	197.
Payments	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55 176.		
	56	1990 est. tax payments and amount applied from 1989 return	56		
	57	Earned income credit	57		
Attach Forms W-2, W-2G, and W-2P to page 1.	58	Amount paid with Form 4868 (extension request)	58		
	59	Excess social security tax and RRTA tax withheld (see pg. 24)	59		
	60	Credit for Federal tax on fuels (attach Form 4136)	60		
	61	Regulated investment company credit (attach Form 2439)	61		
	62	Add lines 55 through 61. These are your total payments ▶		62	176.
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount OVERPAID ▶		63	
	64	Amount of line 63 to be REFUNDED TO YOU ▶		64	
	65	Amount of line 63 to be APPLIED TO YOUR 1991 EST. TAX ▶	65		
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, SSN, daytime phone no., & "1990 Form 1040" on it		66	21.
	67	Estimated tax penalty (see page 25)	67		

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date	Your occupation Student
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶ Francis L Bayley	Date 02-25-91	Check if self-employed ☒	Preparer's social security no. 146-28-8672
Firm's name (or yours if self-employed) and address ▶ Francis L. Bayley, PhD 114 Seminole Drive Springfield, IL		E.I. No.	
		ZIP code	62704

Name: Paul D. Durbin

Supporting Schedules

1990
SSN: 348-74-6256

Form 1040 - page 1
Line 7 - W-2 Information

Employer	T/S	Type	Gross wages	FICA wages	Taxes withheld Federal	Taxes withheld FICA	Taxes withheld State	Taxes withheld Local
AEF Freight Sys.	T	R	102	102	6	8	2	
United Airlines	T	R	4429	4429	170	339	48	
			4531	4531	176	347	50	

Illinois Individual Income Tax Return

1990 IL-1040

1991 Do not write above this line

First name and initial / Spouse's first name (and last name if different) / Last name		Your Social Security number 348-74-6256
* CAR-RTE SORT **CR90 -74-6256 0 DURB AUL D DURBIN 525 BATES RINGFIELD, IL 62704	ILLINOIS	Spouse's Social Security number
	4-digit school code 1055	Decedent's Social Security number

Exemptions

a How many exemptions did you claim on your 1990 federal return? a ____

b Check if in 1990 you were
☐ 65 or over
☐ legally blind
☒ claimed as a dependent on another person's 1990 federal return

Check if in 1990 your spouse was
☐ 65 or over
☐ legally blind
☐ claimed as a dependent on another person's 1990 federal return

Write on this line the number of boxes you checked above. b 1

c Total exemptions. Add lines a and b. c 1

Filing Status
☒ Single or head of household
☐ Married filing jointly
☐ Married filing separately
☐ Widowed

Farmers: If two thirds of your total gross income came from farming, check box. → ☐

ATTACH COPY OF ALL W-2s HERE

1 Adjusted gross income (U.S. 1040, line 31; U.S. 1040A, line 16; or U.S. 1040EZ, line 3)		1	4,551.
2 Federally tax-exempt interest income (U.S 1040 or 1040A, line 8b)		2	
3 Other additions (See instructions and specify.)		3	
4 Total income. Add lines 1, 2, and 3.		4	4,551.
5 Illinois property tax paid on principal residence ________ x 2 =	5		
6 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.)	6		
7 Military pay earned while a resident and included in line 1	7		
8 Illinois income tax refund included on U.S. 1040, line 10	8		
9 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.)	9		
10 Other subtractions (See instructions and specify.) ________	10		
11 Total subtractions. Add lines 5, 6, 7, 8, 9, and 10. Do not include out-of-state income		11	0.
12 Base income. Subtract line 11 from line 4.		12	4,551.
Check if you were a nonresident ☐ or part-year resident ☐. Attach Schedule NR and write amount from Schedule NR, line 1 here: ________ Then skip to line 15. Illinois residents continue.			
13 Multiply total exemptions from box c of Exemptions section above by $1,000.		13	1,000.
14 Net income. Subtract line 13 from line 12.		14	3,551.
15 Tax. Residents, multiply line 14 by 3% (.03) or see tax tables. Others, write line from Schedule NR.		15	107.
16 Voluntary contributions. Your donation will reduce your refund or increase what you owe. IL Nongame Wildlife a) ________ Alzheimer's c) ________ Child Abuse Prevention b) ________ Aids d) ________ Total contributions		16	
17 Total tax and contributions. Add lines 15 and 16.		17	107.
18 Illinois income tax withheld. (Attach copy of W-2s.)	18	50.	
19 Estimated payments (IL-1040-ES, IL-505-I, and 1989 overpayment credit)	19		
20 Credit for tax paid to other states (line H of attached Schedule CR)	20		
21 Tax credits from attached Schedule 1299-C, Part VII, line 9	21		
22 Total payments and credits. Add lines 18 through 21.		22	50.
23 Overpayment. If line 22 is greater than line 17, subtract line 17 from line 22.		23	
24 Amount of overpayment you want credited to next year's taxes.	24		
25 Amount of refund. Subtract line 24 from line 23.		25	
26 Amount you owe. If line 17 is greater than line 22, subtract line 22 from line 17.		26	57.
27 If you completed IL-2210, write your penalty here. If you completed Part III, check box → ☐		27	
28 Total amount due. Add lines 26 and 27.		28	57.

ATTACH REMITTANCE

Under penalties of perjury, I state that this return is true and complete.

IL1 NTF 4888 Do not write in this box.

TAXPAYER'S COPY

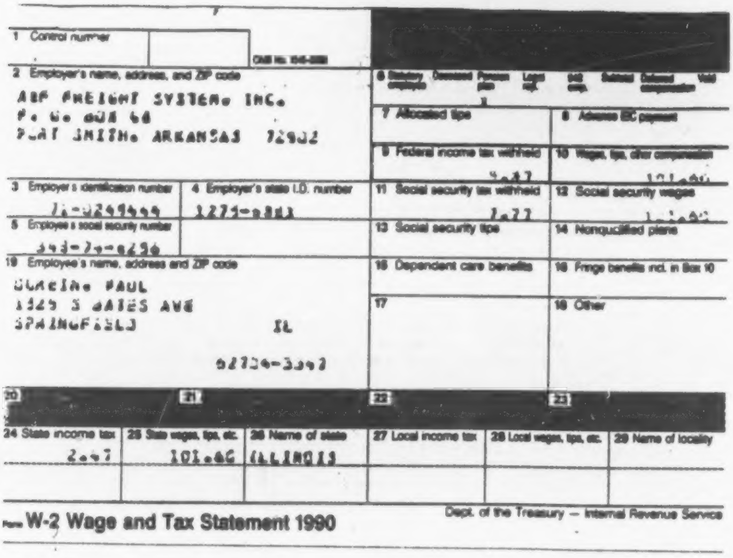
Sign here

Your signature ________ Date ________ 217-787-3619 Phone number ________ Spouse's signature ________ Date

Francis L Bagley -91 Tax preparer's signature Date 217-787-7289 Phone number 146-28-8672 Preparer's SSN or FEIN

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

AP ________ DR ________ NR MV QA QB SN SA SC XX ME ZZ SS SM SE WS WA XA RX CA CS EA NS MR CM DC XU



1 Control number

OMB No. 1545-0008

2 Employer's name, address, and ZIP code
ABF FREIGHT SYSTEM, INC.
P. O. BOX 48
FORT SMITH, ARKANSAS 72902

3 Employer's identification number: 71-0249444
4 Employer's state I.D. number: 1275-0841
5 Employee's social security number: 348-74-6256

19 Employee's name, address and ZIP code
DURBIN, PAUL
1525 S BATES AVE
SPRINGFIELD IL
62704-3343

6 Statutory employee | Deceased | Pension plan X | Legal rep. | 942 emp. | Subtotal | Deferred compensation | Void

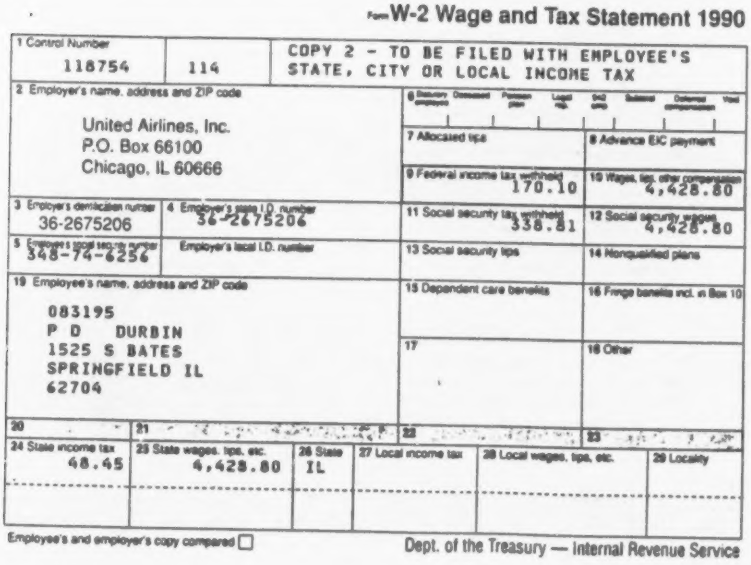
7 Allocated tips	8 Advance EIC payment
9 Federal income tax withheld 5.47	10 Wages, tips, other compensation 101.40
11 Social security tax withheld 7.77	12 Social security wages 101.40
13 Social security tips	14 Nonqualified plans
15 Dependent care benefits	16 Fringe benefits incl. in Box 10
17	18 Other

20 | 21 | 22 | 23

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
2.47	101.40	ILLINOIS			

Form W-2 Wage and Tax Statement 1990

Dept. of the Treasury — Internal Revenue Service



Form W-2 Wage and Tax Statement 1990

1 Control Number: 118754 | 114

COPY 2 - TO BE FILED WITH EMPLOYEE'S STATE, CITY OR LOCAL INCOME TAX

2 Employer's name, address and ZIP code
United Airlines, Inc.
P.O. Box 66100
Chicago, IL 60666

3 Employer's identification number: 36-2675206
4 Employer's state I.D. number: 36-2675206
5 Employee's social security number: 348-74-6256
Employer's local I.D. number

19 Employee's name, address and ZIP code
083195
P D DURBIN
1525 S BATES
SPRINGFIELD IL
62704

6 Statutory employee | Deceased | Pension plan | Legal rep. | 942 emp. | Subtotal | Deferred compensation | Void

7 Allocated tips	8 Advance EIC payment
9 Federal income tax withheld 170.10	10 Wages, tips, other compensation 4,428.80
11 Social security tax withheld 338.81	12 Social security wages 4,428.80
13 Social security tips	14 Nonqualified plans
15 Dependent care benefits	16 Fringe benefits incl. in Box 10
17	18 Other

20 | 21 | 22 | 23

24 State income tax	25 State wages, tips, etc.	26 State	27 Local income tax	28 Local wages, tips, etc.	29 Locality
48.45	4,428.80	IL			

Employee's and employer's copy compared ☐

Dept. of the Treasury — Internal Revenue Service

Department of the Treasury — Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return** **1990**

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB. No. 1545-0074

Use IRS label. Otherwise, please print or type. LABEL HERE

```
            ****** CAR-RT-SORT**CR90
PK 340-76-4396                 S09 A1
JENNIFER M   DURBIN
1525 BATES AVE                     288
SPRINGFIELD IL            62704
```

IRS

Your social security no. 340-76-4396

Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign

Do you want $1 to go to this fund?	☐ Yes	☒ No
If joint return, does your spouse want $1 to go to this fund?	☐ Yes	☐ No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

Check only one box.

1 ☒ Single. (See page 10 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 10.) If qualifying person is your child but not your dependent, enter child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (yr. spouse died ▶19). (See page 10.)

Exemptions

(See instructions on page 10.)

6a ☐ Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check box on line 33b, pg. 2.
b ☐ Spouse

No. of boxes checked on 6a and 6b: 0

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1990

If more than 6 dependents, see instructions on page 11.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here . . ▶ ☐
e Total number of exemptions claimed

Add numbers entered on lines above ▶ 0

Income

Attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	3,896.
8a	Taxable interest income (also attach Schedule B if over $400)	8a	57.
b	Tax-exempt interest income (see page 12). DON'T include on line 8a 8b		
9	Dividend income (also attach Schedule B if over $400)	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 14)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions . . 16a 16b Taxable amount (see page 14)	16b	
17a	Total pensions & annuities . . 17a 17b Taxable amount (see page 14)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (insurance) (see page 16)	20	
21a	Social security benefits . 21a 21b Taxable amount (see pg. 16).	21b	
22	Other income	22	
23	Add amounts shown in far right column for lines 7 through 22. This is your total income ▶	23	3,953.

TAXPAYER'S COPY

Adjustments to Income

(See instructions on page 17.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
25	One-half of self-employment tax (see page 18)	25	
26	Self-employed health insurance deduction, from worksheet on pg. 18	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	

30	Add lines 24a through 29. These are your total adjustments ▶	30	
Adj. Gr. Income 31	Subtract line 30 from line 23. This is your adjusted gross income ▶	31	3,953.

Form 1040 (1990). Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	3,953.
	33a	Check if: ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a ☐		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☒		
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c ☐		
If you want IRS to figure your tax, see Instructions on page 18.	34	Enter the larger of: • Your standard deduction (from the chart (or worksheet on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐	34	3,250.
	35	Subtract line 34 from line 32.	35	703.
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e	36	
	37	Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	703.
	38	Enter tax. Check if from: a ☒ Tax Table, b ☐ Tax Rate Schedules, or c ☐ Form 8615 (see page 21). (If any is from Form(s) 8814, enter that amount here ▶ d ______)	38	107.
	39	Additional taxes (see pg. 21). Check if from: a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	107.
Credits (See Instructions on page 21.)	41	Credit for child & dependent care exp. (attach Form 2441) — 41		
	42	Credit for the elderly or the disabled (attach Schedule R) — 42		
	43	Foreign tax credit (attach Form 1116) — 43		
	44	General busn. credit. Check if from: a ☐ Form 3800 or b ☐ Form ______ — 44		
	45	Credit for prior year minimum tax (attach Form 8801) — 45		
	46	Add lines 41 through 45.	46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-) ▶	47	107.
Other Taxes	48	Self-employment tax (attach Schedule SE)	48	
	49	Alternative minimum tax (attach Form 6251)	49	
	50	Recapture taxes (see pg. 22). Check if from: a ☐ Form 4255 b ☐ Form 8611	50	
	51	Social security tax on tip income not reported to employer (attach Form 4137)	51	
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)	52	
	53	Advance earned income credit payments, from Form W-2	53	
	54	Add lines 47 through 53. This is your total tax ▶	54	107.
Payments Attach Forms W-2, W-2G, and W-2P to page 1.	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐) — 55		
	56	1990 est. tax payments and amount applied from 1989 return — 56		
	57	Earned income credit — 57		
	58	Amount paid with Form 4868 (extension request) — 58		
	59	Excess social security tax and RRTA tax withheld (see pg. 24) — 59		
	60	Credit for Federal tax on fuels (attach Form 4136) — 60		
	61	Regulated investment company credit (attach Form 2439) — 61		
	62	Add lines 55 through 61. These are your total payments ▶	62	0.
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount OVERPAID ▶	63	
	64	Amount of line 63 to be REFUNDED TO YOU ▶	64	
	65	Amount of line 63 to be APPLIED TO YOUR 1991 EST. TAX ▶ 65		
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, SSN, daytime phone no., & "1990 Form 1040" on it	66	107.
	67	Estimated tax penalty (see page 25) — 67		

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature	Date	Your occupation Student	
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ▶ Francis L Bayley	Date 02-25-91	Check if self-employed ☒	Preparer's social security no. 146-28-8672
Firm's name (or yours if self-employed) and address ▶ Francis L. Bayley, PhD 114 Seminole Drive Springfield, IL		E.I. No.	
		ZIP code 62704	

H738

10482 NTF 4408

Preparers Edition

Supporting Schedules 1990

Name: Jennifer M. Durbin SSN: 340-76-4396

****

Form 1040 - page 1

Line 7 - W-2 Information

Employer	T/S	Type	Gross wages	FICA wages	Taxes withheld Federal	Taxes withheld FICA	Taxes withheld State	Taxes withheld Local
Sporting Club	T	R	481	481		37		
City of Spfld	T	R	60	60		5		
Allen & O'Hara	T	R	32	32		2	1	
St. of Illinois	T	R	2744	2744		40	81	
Allen & O'Hara	T	R	213	213		16	5	
YMCA	T	R	366	366		28	6	
			3896	3896		128	93	

Illinois Individual Income Tax Return

[illegible]

1991 Do not write above this line

First name and initial Spouse's first name (and last name if different) | Last name

** CAR-RTE SORT **CR90
340-76-4396 B DURB
JENNIFER M DURBIN
1525 BATES AVENUE
SPRINGFIELD, IL 62704

ILLINOIS

Your Social Security number: 340-76-4396
Spouse's Social Security number:
4-digit school code: 1055
Decedent's Social Security number:

Exemptions

a How many exemptions did you claim on your 1990 federal return? a ____

b Check if in 1990 you were
☐ 65 or over
☐ legally blind
☒ claimed as a dependent on another person's 1990 federal return

Check if in 1990 your spouse was
☐ 65 or over
☐ legally blind
☐ claimed as a dependent on another person's 1990 federal return

Write on this line the number of boxes you checked above. b 1

c Total exemptions. Add lines a and b. c 1

Filing Status
☒ Single or head of household
☐ Married filing jointly
☐ Married filing separately
☐ Widowed

Farmers: If two thirds of your total gross income came from farming, check box. → ☐

ATTACH COPY OF ALL W-2'S HERE

Income
1 Adjusted gross income (U.S. 1040, line 31; U.S. 1040A, line 16; or U.S. 1040EZ, line 3) 1 3,953.
2 Federally tax-exempt interest income (U.S. 1040 or 1040A, line 8b) 2 ____
3 Other additions (See instructions and specify.) 3 ____
4 [illegible] 3,953.

Subtractions
5 Illinois property tax paid on principal residence ____ x 2 = 5 ____
6 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.) 6 ____
7 Military pay earned while a resident and included in line 1 7 ____
8 Illinois income tax refund included on U.S. 1040, line 10 8 ____
9 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.) 9 ____
10 Other subtractions (See instructions and specify.) ____ 10 ____
11 Total subtractions. Add lines 5, 6, 7, 8, 9, and 10. Do not include out-of-state income 11 0.
12 [illegible] 3,953.

Exemptions
Check if you were a nonresident ☐ or part-year resident ☐. Attach Schedule NR and write amount from Schedule NR, line 1 here: ____ Then skip to line 15. Illinois residents continue.
13 Multiply total exemptions from box c of Exemptions section above by $1,000. 13 1,000.
14 [illegible] 2,953.

Tax/Contributions
15 Tax. Residents, multiply line 14 by 3% (.03) or see tax tables. Others, write line 4 from Schedule NR. 15 89.
16 Voluntary contributions. Your donation will reduce your refund or increase the amount you owe.
IL Nongame Wildlife a) ____ Alzheimer's Research c) ____
Child Abuse Prevention b) ____ Assistance to Homeless d) ____ Total contributions 16 ____
17 [illegible] 89.

TAXPAYER'S COPY

Credits
18 Illinois income tax withheld. (Attach copy of all W-2's.) 18 87.
19 Estimated payments (IL-1040-ES, IL-505-I, and 1990 overpayment) 19 ____
20 Credit for tax paid to other states (line H of attached Schedule CR) 20 ____
21 Tax credits from attached Schedule 1299-C, Part VII, line 21 ____
22 [illegible] 87.

Refund
23 Overpayment. If line 22 is greater than line 17, subtract line 17 from line 22. 23 ____
24 Amount of overpayment you want credited to next year's taxes. 24 ____
25 [illegible] ____
26 [illegible] 2.

ATTACH REMITTANCE HERE

Pay
27 If you completed IL-2210, write your penalty here. If you completed Part III, check box → ☐ 27 ____
28 Total amount due. Add lines 26 and 27. 28 2.

Under penalties of perjury, I state that this return is true and complete.

IL1 HTP 4860 Do not write in this box.

Sign here

Your signature ____ Date ____ 217-787-3619 Phone number
Spouse's signature ____ Date ____
Tax preparer's signature 25-91 Date 217-787-7289 Phone number 146-28-8672 Preparer's SSN or FEIN

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

AP ____ DR ____ NR MV OA OB SN SA SC XX ME ZZ SB SM SE WS WA XA RX CA CS EA NS MR CM DC XU

1 Control number		OMB No. 1545-0008	
2 Employer's name, address, and ZIP code THE YOUNG MEN'S CHRISTIAN ASSOCIATION 701 SOUTH FOURTH ST. SPRINGFIELD, IL 62705		6 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ 942 emp. ☐ Subtotal ☐ Deferred compensation ☐ Void ☐	
		7 Allocated tips .00	8 Advance EIC payment .00
		9 Federal income tax withheld .00	10 Wages, tips, other compensation 365.75
3 Employer's identification number 37-0661263	4 Employer's state I.D. number 37-0661263	11 Social security tax withheld 27.99	12 Social security wages 365.75
5 Employee's social security number 3-0-75-4395		13 Social security tips .00	14 Nonqualified plans .00
19 Employee's name, address and ZIP code JENNIFER M DURBIN 1525 S BATES SPRINGFIELD, IL 62704		15 Dependent care benefits	16 Fringe benefits incl. in Box 10 .00
		17	18 Other
20	21	22	23

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
5.37	365.75	IL			

Copy C For EMPLOYEE'S RECORDS

Dept. of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1990**

This information is being furnished to the Internal Revenue Service.

---

1 Control number		OMB No. 1545-0008	
2 Employer's name, address, and ZIP code SPORTING CLUB OF MADISON SPECTATORS 352 W JOHNSON ST. MADISON WI 53703		6 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ 942 emp. ☐ Subtotal ☐ Deferred compensation ☐ Void ☐	
		7 Allocated tips	8 Advance EIC payment
		9 Federal income tax withheld	10 Wages, tips, other compensation 481.03
3 Employer's identification number [illegible]41624016	4 Employer's state I.D. number 416151-[illegible]5	11 Social security tax withheld 36.80	12 Social security wages 242.53
5 Employee's social security number [illegible]40-76-4[illegible]		13 Social security tips 238.50	14 Nonqualified plans
19 Employee's name, address and ZIP code JENNIFER M DURBIN 1525 S. BATES SPRINGFIELD IL 62704		15 Dependent care benefits	16 Fringe benefits incl. in Box 10
		17	18 Other
20	21	22	23

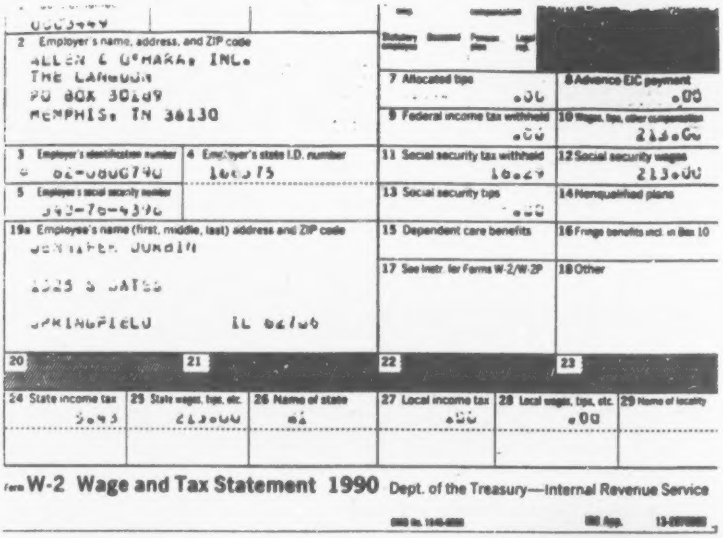
24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
	481.03	WI			

Copy C For EMPLOYEE'S RECORDS

Dept. of the Treasury—Internal Revenue Service
IRS App. 31-0455440

Form **W-2 Wage and Tax Statement 1990**

This information is being furnished to the Internal Revenue Service.



0003444

2 Employer's name, address, and ZIP code
ALLEN & O'HARA, INC.
THE LANGDON
PO BOX 30189
MEMPHIS, TN 38130

3 Employer's identification number: 62-0800740
4 Employer's state I.D. number: 160375
5 Employee's social security number: 340-76-4396

19a Employee's name (first, middle, last) address and ZIP code
JENNIFER DURBIN
1525 S GATES
SPRINGFIELD IL 62704

emp. / compensation
Statutory employee / Deceased / Pension plan / Legal rep.

[redacted]

7 Allocated tips .00	8 Advance EIC payment .00
9 Federal income tax withheld .00	10 Wages, tips, other compensation 213.00
11 Social security tax withheld 16.29	12 Social security wages 213.00
13 Social security tips .00	14 Nonqualified plans
15 Dependent care benefits	16 Fringe benefits incl. in Box 10
17 See Instr. for Forms W-2/W-2P	18 Other

20 21 22 23

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
5.43	213.00	MI	.00	.00	

Form **W-2 Wage and Tax Statement 1990** Dept. of the Treasury—Internal Revenue Service

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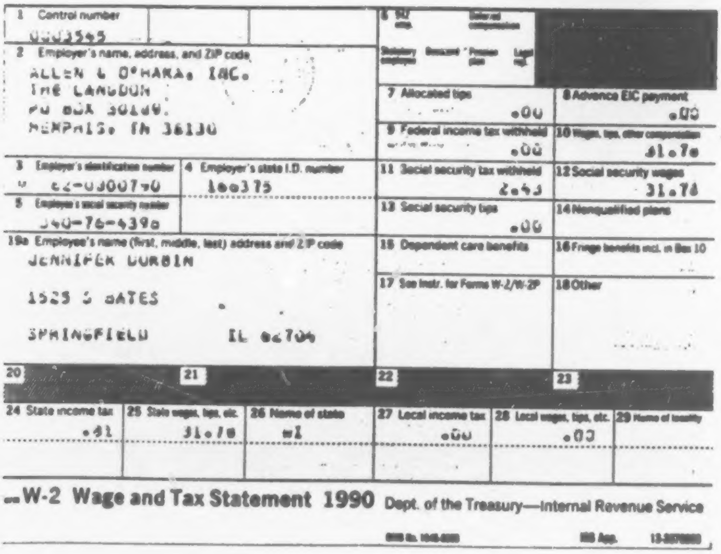


1 Control number
0003545

2 Employer's name, address, and ZIP code
ALLEN & O'HARA, INC.
THE LANGDON
PO BOX 30189.
MEMPHIS, TN 38130

3 Employer's identification number: 62-0300740
4 Employer's state I.D. number: 160375
5 Employee's social security number: 340-76-4396

19a Employee's name (first, middle, last) address and ZIP code
JENNIFER DURBIN
1525 S GATES
SPRINGFIELD IL 62704

6 942 emp. / Deferred compensation
Statutory employee / Deceased / Pension plan / Legal rep.

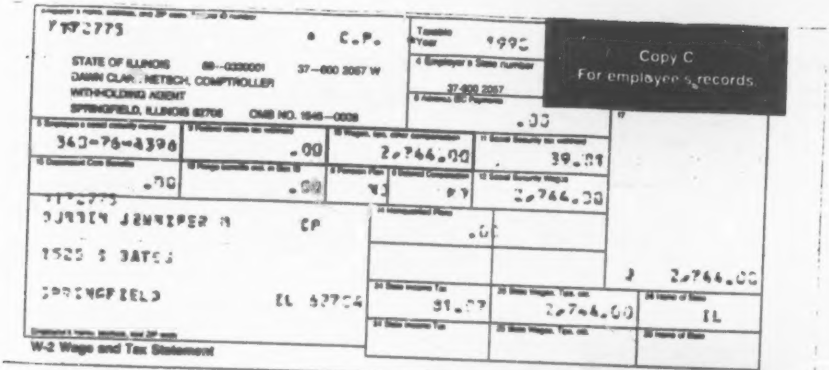
[redacted]

7 Allocated tips .00	8 Advance EIC payment .00
9 Federal income tax withheld .00	10 Wages, tips, other compensation 31.78
11 Social security tax withheld 2.43	12 Social security wages 31.78
13 Social security tips .00	14 Nonqualified plans
15 Dependent care benefits	16 Fringe benefits incl. in Box 10
17 See Instr. for Forms W-2/W-2P	18 Other

20 21 22 23

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
.41	31.78	MI	.00	.00	

Form **W-2 Wage and Tax Statement 1990** Dept. of the Treasury—Internal Revenue Service



Employer's name, address, and ZIP code

[illegible] C.P.

STATE OF ILLINOIS 86--0330001 37--600 2057 W
DAWN CLARK NETSCH, COMPTROLLER
WITHHOLDING AGENT
SPRINGFIELD, ILLINOIS 62706 OMB NO. 1545--0008

Taxable Year 1990

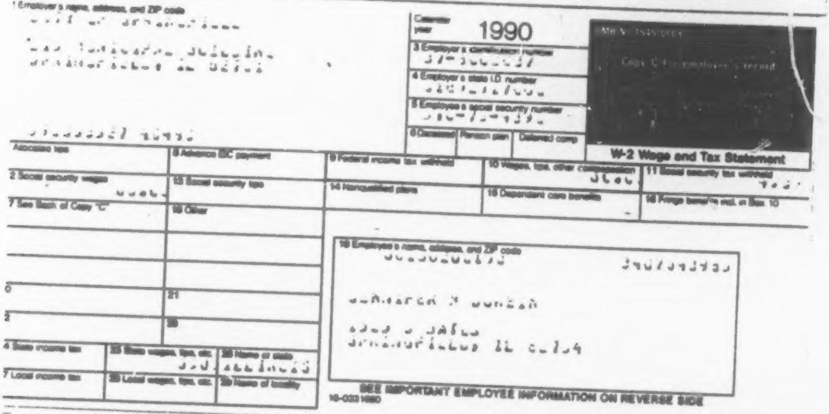
Copy C
For employee's records.

4 Employer's State number 37-600 2057				
5 Advance EIC Payments .00				
Employee's social security number 343-76-4398	9 Federal income tax withheld .00	10 Wages, tips, other compensation 2,744.00	11 Social Security tax withheld 39.[illegible]	
Dependent Care Benefits .00	Fringe benefits incl. in Box 10 .00	Pension Plan [illegible]	Deferred Compensation [illegible]	12 Social Security Wages 2,744.00
14 Nonqualified Plans .00		17		
				2,744.00
State income Tax 31.[illegible]	State Wages, Tips, etc. 2,744.00	Name of State IL		
State income Tax	State Wages, Tips, etc.	Name of State		

[illegible]
DURBIN JENNIFER M CP
[illegible] S BATES
SPRINGFIELD IL 62704

Employee's name, address, and ZIP code

W-2 Wage and Tax Statement



1 Employer's name, address, and ZIP code
[illegible]

Calendar year 1990

OMB No. 1545-0008

Copy C For employee's record

3 Employer's identification number 37-[illegible]			
4 Employer's state I.D. number [illegible]			
5 Employee's social security number [illegible]			
6 Deceased	Pension plan	Deferred comp	

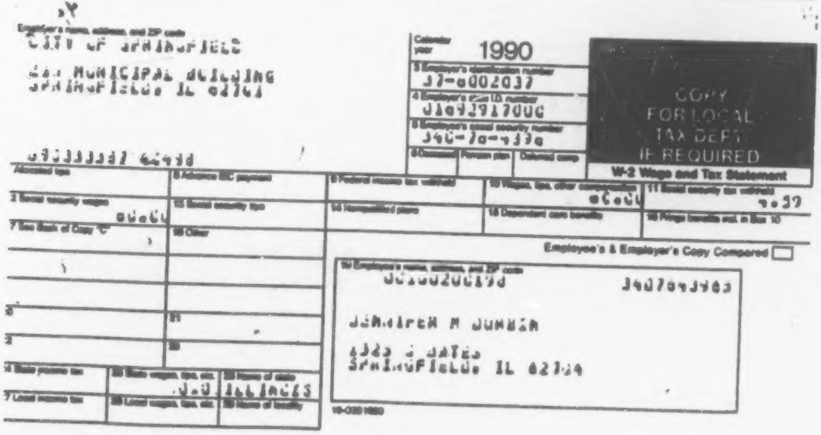
W-2 Wage and Tax Statement

Allocated tips	8 Advance EIC payment	9 Federal income tax withheld	10 Wages, tips, other compensation [illegible]	11 Social security tax withheld [illegible]
2 Social security wages [illegible]	13 Social security tips	14 Nonqualified plans	15 Dependent care benefits	16 Fringe benefits incl. in Box 10
7 See Back of Copy "C"	18 Other			
0	21			
2	22			
4 State income tax	25 State wages, tips, etc. [illegible]	26 Name of state ILLINOIS		
7 Local income tax	28 Local wages, tips, etc.	29 Name of locality		

19 Employee's name, address, and ZIP code
[illegible]
JENNIFER M DURBIN
[illegible] S BATES
SPRINGFIELD IL 62704

SEE IMPORTANT EMPLOYEE INFORMATION ON REVERSE SIDE

16-033 1680



Employer's name, address, and ZIP code
CITY OF SPRINGFIELD
[illegible] MUNICIPAL BUILDING
SPRINGFIELD IL 62701

[illegible]

Calendar year 1990

COPY
FOR LOCAL
TAX DEPT
IF REQUIRED

3 Employer's identification number 37-6002037			
4 Employer's state I.D. number [illegible]			
5 Employee's social security number [illegible]			
6 Deceased	Pension plan	Deferred comp	

W-2 Wage and Tax Statement

Allocated tips	8 Advance EIC payment	9 Federal income tax withheld	10 Wages, tips, other compensation [illegible]	11 Social security tax withheld [illegible]
2 Social security wages [illegible]	13 Social security tips	14 Nonqualified plans	15 Dependent care benefits	16 Fringe benefits incl. in Box 10
7 See Back of Copy "C"	18 Other			
0	21			
2	22			
4 State income tax	25 State wages, tips, etc. [illegible]	26 Name of state ILLINOIS		
7 Local income tax	28 Local wages, tips, etc.	29 Name of locality		

Employee's & Employer's Copy Compared ☐

19 Employee's name, address, and ZIP code
[illegible]
JENNIFER M DURBIN
[illegible] S BATES
SPRINGFIELD IL 62704

16-033 1680

.1 IR

PAGE 1

Templeton Funds Distributor, Inc.
Principal Underwriter
P. O. Box 33031
St. Petersburg, FL 33733-8031

TEMPLETON FOREIGN FUND

PLEASE REFER TO YOUR ACCOUNT NUMBER IN ALL CORRESPONDENCE

Shareholder Services	STAR Service
1-800-237-0738	1-800-864-0123

ACCOUNT NUMBER	SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NO.	DEALER REPRESENTATIVE	DEALER NUMBER
04905205868	493-21-6138	090-077 RIEKER	00633090

SHAREHOLDER NAME

TPTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

DEALER NAME

A G EDWARDS & SONS INC
1 WEST OLD STATE CAPITOL PLAZA
SUITE 100
SPRINGFIELD IL 62701

SUMMARY OF YOUR ACCOUNT

STATEMENT DATE	INCOME DIVIDENDS PAID THIS YEAR	LONG-TERM CAPITAL GAINS DISTRIBUTED THIS YEAR	CERTIFICATE SHARES HELD BY YOU	+	SHARES ON DEPOSIT	=	TOTAL SHARES YOU OWN
08/07/90	$0.00	$0.00	0.000		363.437		363.437

*REINV INCDIV*REINV CAPGN

INDIVIDUAL TRANSACTIONS FOR YEAR TO DATE

EFFECTIVE DATE OF TRANSACTION	TYPE OF TRANSACTION	DOLLAR AMOUNT	PRICE PER SHARE	SHARES THIS TRANSACTION	TOTAL SHARES
		BALANCE	FORWARD	01/01/90	0.000
08/07/90	FUND TRANSFER	9264.00	25.49	363.437	363.437

DEALERS IN ALL CASES ACT AS PRINCIPALS ON THEIR OWN BEHALF OR AS AGENT FOR THE INVESTOR AND IN NO CASE ACT AS AGENT FOR ANY TEMPLETON FUND OR FOR THE PRINCIPAL UNDERWRITER.

To ensure prompt and accurate processing of your investment, please detach this stub and enclose with your check in the window envelope provided. Please make your check payable to the fund named herein.

FUND NUMBER & NAME	6004 TEMPLETON FOREIGN FUND
ACCOUNT NUMBER	04905205868
SHAREHOLDER NAME AND ADDRESS	TPTC CUST FOR RICHARD DURBIN IRA 1525 S BATES AVE SPRINGFIELD IL 62704-3347

YOUR CHECK WILL BE INVESTED IN SHARES OF THE TEMPLETON FUND NAMED HEREIN AT THE CLOSING PRICE IN EFFECT ON THE DAY IT IS RECEIVED, EXCEPT INVESTMENTS IN THE TEMPLETON MONEY FUNDS, WHICH WILL BECOME EFFECTIVE WHEN THE CHECK IS CONVERTED INTO FEDERAL FUNDS.

FOR IRA KEOGH PLANS

THIS CONTRIBUTION APPLIES TO (TAX YEAR)

FOR IRA

☐ DEDUCTIBLE
☐ NON-DEDUCTIBLE
☐ ROLLOVER

PLEASE INDICATE ANY CHANGE OF ADDRESS HERE

Templeton Funds Trust Company
P. O. Box 33031
St. Petersburg, FL 33733-8031

$

AMOUNT ENCLOSED

6804 04905205868 IR 75

1 IR

Templeton Funds Distributor, Inc.
Principal Underwriter
P. O. Box 33031
St. Petersburg, FL 33733-8031

TEMPLETON WORLD FUND

PLEASE REFER TO YOUR ACCOUNT NUMBER IN ALL CORRESPONDENCE

PAGE 1

Shareholder Services	STAR Service
1-800-237-0738	1-800-854-0123

ACCOUNT NUMBER	SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NO	DEALER REPRESENTATIVE	DEALER NUMBER
00022233264	493-21-6138	090-077 RIEKER	00633090

SHAREHOLDER NAME

TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

DEALER NAME

A G EDWARDS & SONS INC
1 WEST OLD STATE CAPITOL PLAZA
SUITE 100
SPRINGFIELD IL 62701

SUMMARY OF YOUR ACCOUNT

STATEMENT DATE	INCOME DIVIDENDS PAID THIS YEAR	LONG-TERM CAPITAL GAINS DISTRIBUTED THIS YEAR	CERTIFICATE SHARES HELD BY YOU	+	SHARES ON DEPOSIT	=	TOTAL SHARES YOU OWN
08/07/90	$0.00	$0.00	0.000		329.507		329.507

*REINV INCDIV*REINV CAPGN

INDIVIDUAL TRANSACTIONS FOR YEAR TO DATE

EFFECTIVE DATE OF TRANSACTION	TYPE OF TRANSACTION	DOLLAR AMOUNT	PRICE PER SHARE	SHARES THIS TRANSACTION	TOTAL SHARES
		BALANCE	FORWARD	01/01/90	929.507
08/07/90	EXCHANGE/REDEMPTION	9264.00	15.44	600.000-	329.507

DEALERS IN ALL CASES ACT AS PRINCIPALS ON THEIR OWN BEHALF OR AS AGENT FOR THE INVESTOR AND IN NO CASE ACT AS AGENT FOR ANY TEMPLETON FUND OR FOR THE PRINCIPAL UNDERWRITER.

To ensure prompt and accurate processing of your investment, please detach this stub and enclose with your check in the window envelope provided. Please make your check payable to the fund named herein.

FUND NUMBER & NAME 6002 TEMPLETON WORLD FUND
ACCOUNT NUMBER 00022233264
SHAREHOLDER NAME AND ADDRESS
TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

YOUR CHECK WILL BE INVESTED IN SHARES OF THE TEMPLETON FUND NAMED HEREIN AT THE CLOSING PRICE IN EFFECT ON THE DAY IT IS RECEIVED, EXCEPT INVESTMENTS IN THE TEMPLETON MONEY FUNDS, WHICH WILL BECOME EFFECTIVE WHEN THE CHECK IS CONVERTED INTO FEDERAL FUNDS.

FOR IRA KEOGH PLANS
THE CONTRIBUTION APPLIES TO TAX YEAR
FOR IRA
☐ DEDUCTIBLE
☐ NON-DEDUCTIBLE
☐ ROLLOVER

PLEASE INDICATE ANY CHANGE OF ADDRESS HERE →

Templeton Funds Trust Company
P. O. Box 33031
St. Petersburg, FL 33733-8031

$
AMOUNT ENCLOSED

6802 00022233264 IR 75

1 IR

PAGE 1

Templeton Funds Distributor, Inc.
Principal Underwriter
P. O. Box 33031
St. Petersburg, FL 33733-8031

TEMPLETON WORLD FUND

PLEASE REFER TO YOUR ACCOUNT NUMBER IN ALL CORRESPONDENCE

Shareholder Services	STAR Service
1-800-237-0738	1-800-864-8123

ACCOUNT NUMBER	SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NO.	DEALER REPRESENTATIVE	DEALER NUMBER
22233264	4[illegible]-21-6138	090-077 RIEKER	00633090

SHAREHOLDER NAME
TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

DEALER NAME
A G EDWARDS & SONS INC
1 WEST OLD STATE CAPITOL PLAZA
SUITE 100
SPRINGFIELD IL 62701

SUMMARY OF YOUR ACCOUNT

STATEMENT DATE	INCOME DIVIDENDS PAID THIS YEAR	LONG-TERM CAPITAL GAINS DISTRIBUTED THIS YEAR	CERTIFICATE SHARES HELD BY YOU	+	SHARES ON DEPOSIT	=	TOTAL SHARES YOU OWN
10/23/90	$138.40	$243.84	0.000		360.333		360.333

*REINV INCDIV*REINV CAPGN

INDIVIDUAL TRANSACTIONS FOR YEAR TO DATE

EFFECTIVE DATE OF TRANSACTION	TYPE OF TRANSACTION	DOLLAR AMOUNT	PRICE PER SHARE	SHARES THIS TRANSACTION	TOTAL SHARES
		BALANCE FORWARD 01/01/90			929.507
08/07/90	EXCHANGE/REDEMPTION	9264.00	15.44	600.000-	329.507
10/04/90	INC DIVIDEND RATE $0.410000	135.10	12.40	10.895	340.402
10/04/90	LT CAP GAIN RATE $0.740000	243.84	12.40	19.665	360.067
10/04/90	ST CAP GAIN RATE $0.010000	3.30	12.40	0.266	360.333

DEALERS IN ALL CASES ACT AS PRINCIPALS ON THEIR OWN BEHALF OR AS AGENT FOR THE INVESTOR AND IN NO CASE ACT AS AGENT FOR ANY TEMPLETON FUND OR FOR THE PRINCIPAL UNDERWRITER.

To ensure prompt and accurate processing of your investment, please detach this stub and enclose with your check in the window envelope provided. Please make your check payable to the fund named herein.

FUND NUMBER & NAME 6002 TEMPLETON WORLD FUND
ACCOUNT NUMBER 22233264
SHAREHOLDER NAME AND ADDRESS
TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

YOUR CHECK WILL BE INVESTED IN SHARES OF THE TEMPLETON FUND NAMED HEREIN AT THE CLOSING PRICE IN EFFECT ON THE DAY IT IS RECEIVED, EXCEPT INVESTMENTS IN THE TEMPLETON MONEY FUNDS, WHICH WILL BECOME EFFECTIVE WHEN THE CHECK IS CONVERTED INTO FEDERAL FUNDS.

FOR IRA/KEOGH PLANS
THIS CONTRIBUTION APPLIES TO (TAX YEAR)
FOR IRA
☐ DEDUCTIBLE
☐ NON-DEDUCTIBLE
☐ ROLLOVER

PLEASE INDICATE ANY CHANGE OF ADDRESS HERE →

Templeton Funds Trust Company
P. O. Box 33031
St. Petersburg, FL 33733-8031

$
AMOUNT ENCLOSED

6802 0002223326 4 IR 75

1 IR

Templeton Funds Distributor, Inc.
Principal Underwriter
P. O. Box 33031
St. Petersburg, FL 33733-8031

TEMPLETON FOREIGN FUND

PLEASE REFER TO YOUR ACCOUNT NUMBER IN ALL CORRESPONDENCE

PAGE 1

Shareholder Services	STAR Service
1-800-237-0738	1-800-854-0123

ACCOUNT NUMBER: 4905205868

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NO.: 493-21-6138

DEALER REPRESENTATIVE: 090-077 RIEKER

DEALER NUMBER: 00633090

SHAREHOLDER NAME
TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

DEALER NAME
A G EDWARDS & SONS INC
1 WEST OLD STATE CAPITOL PLAZA
SUITE 100
SPRINGFIELD IL 62701

SUMMARY OF YOUR ACCOUNT

STATEMENT DATE	INCOME DIVIDENDS PAID THIS YEAR	LONG-TERM CAPITAL GAINS DISTRIBUTED THIS YEAR	CERTIFICATE SHARES HELD BY YOU	+	SHARES ON DEPOSIT	=	TOTAL SHARES YOU OWN
10/23/90	$236.24	$290.75	0.000		387.734		387.734

*REINV INCDIV*REINV CAPGN

INDIVIDUAL TRANSACTIONS FOR YEAR TO DATE

EFFECTIVE DATE OF TRANSACTION	TYPE OF TRANSACTION	DOLLAR AMOUNT	PRICE PER SHARE	SHARES THIS TRANSACTION	TOTAL SHARES
		BALANCE FORWARD 01/01/90			0.000
08/07/90	FUND TRANSFER	9264.00	25.49	363.437	363.437
10/04/90	INC DIVIDEND RATE $0.590000	214.43	21.69	9.886	373.323
10/04/90	LT CAP GAIN RATE $0.800000	290.75	21.69	13.405	386.728
10/04/90	ST CAP GAIN RATE $0.060000	21.81	21.69	1.006	387.734

DEALERS IN ALL CASES ACT AS PRINCIPALS ON THEIR OWN BEHALF OR AS AGENT FOR THE INVESTOR AND IN NO CASE ACT AS AGENT FOR ANY TEMPLETON FUND OR FOR THE PRINCIPAL UNDERWRITER.

To ensure prompt and accurate processing of your investment, please detach this stub and enclose with your check in the window envelope provided. Please make your check payable to the fund named herein.

FUND NUMBER & NAME: 6004 TEMPLETON FOREIGN FUND

ACCOUNT NUMBER: 4905205868

SHAREHOLDER NAME AND ADDRESS
TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

YOUR CHECK WILL BE INVESTED IN SHARES OF THE TEMPLETON FUND NAMED HEREIN AT THE CLOSING PRICE IN EFFECT ON THE DAY IT IS RECEIVED, EXCEPT INVESTMENTS IN THE TEMPLETON MONEY FUNDS, WHICH WILL BECOME EFFECTIVE WHEN THE CHECK IS CONVERTED INTO FEDERAL FUNDS.

FOR IRA/KEOGH PLANS
THIS CONTRIBUTION APPLIES TO TAX YEAR
FOR IRA
☐ DEDUCTIBLE
☐ NON-DEDUCTIBLE
☐ ROLLOVER

PLEASE INDICATE ANY CHANGE OF ADDRESS HERE →

Templeton Funds Trust Company
P. O. Box 33031
St. Petersburg, FL 33733-8031

$
AMOUNT ENCLOSED

6604 04905205868 IR 75

— 50 1N N

PAGE 1

Templeton Funds Distributor, Inc.
Principal Underwriter
P. O. Box 33031
St. Petersburg, FL 33733-8031

TEMPLETON FOREIGN FUND

Shareholder Services	STAR Service
1-800-237-0738	1-800-854-0123

PLEASE REFER TO YOUR ACCOUNT NUMBER IN ALL CORRESPONDENCE

FUND	ACCOUNT NUMBER	SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NO.	DEALER REPRESENTATIVE	DEALER NUMBER
104	4905-205868	493-21-6138	090-077 RIEKER	0633140900

SHAREHOLDER NAME

TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

DEALER NAME

A G EDWARDS & SONS INC
1 WEST OLD STATE CAPITOL PLAZA
SUITE 100
SPRINGFIELD IL 62701

SUMMARY OF YOUR ACCOUNT

STATEMENT DATE	INCOME DIVIDENDS PAID THIS YEAR	LONG-TERM CAPITAL GAINS DISTRIBUTED THIS YEAR	CERTIFICATE SHARES HELD BY YOU	+	SHARES ON DEPOSIT	=	TOTAL SHARES YOU OWN
12/31/90	$309.91	$306.26	0.000		391.526		391.526

INCOME DIVIDENDS ARE REINVESTED
CAPITAL GAINS ARE REINVESTED

VALUE ON 12/31/90 $8,210.30

INDIVIDUAL TRANSACTIONS FOR YEAR TO DATE

EFFECTIVE DATE OF TRANSACTION	TYPE OF TRANSACTION	DOLLAR AMOUNT	PRICE PER SHARE	SHARES THIS TRANSACTION	TOTAL SHARES
08/07/90	FUND TRANSFER	9,204.00	25.40	363.437	363.437
10/04/90	INCOME DIVIDEND RATE $00.600	214.43	21.69	9.886	373.323
10/04/90	LONG TERM CAP GAIN RATE $00.800	290.75	21.69	13.405	386.728
10/04/90	SHORT TERM CAP GAIN RATE $00.060	21.81	21.69	1.006	387.734
12/20/90	INCOME DIVIDEND RATE $00.190	73.67	20.89	3.527	391.261
12/20/90	LONG TERM CAP GAIN RATE $00.040	15.51	20.89	0.742	392.003
12/28/90	1991 CUSTODIAN FEE	10.00	20.96	0.477-	391.526

[illegible]

To ensure prompt and accurate processing of your investment, please detach this stub and enclose with your check. Please make your check payable to the fund named herein.

FUND NUMBER & NAME 104 TEMPLETON FOREIGN FUND
ACCOUNT NUMBER 4905-205868
SHAREHOLDER NAME AND ADDRESS TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

YOUR CHECK WILL BE INVESTED IN SHARES OF THE TEMPLETON FUND NAMED HEREIN AT THE CLOSING PRICE IN EFFECT ON THE DAY IT IS RECEIVED, EXCEPT INVESTMENTS IN THE TEMPLETON MONEY FUNDS, WHICH WILL BECOME EFFECTIVE WHEN THE CHECK IS CONVERTED INTO FEDERAL FUNDS.

FOR IRA/KEOGH PLANS
THIS CONTRIBUTION APPLIES TO PLAN YEAR
FOR IRA
☐ DEDUCTIBLE
☐ NON-DEDUCTIBLE
☐ ROLLOVER

PLEASE INDICATE ANY CHANGE OF ADDRESS HERE

Templeton Funds Trust Company
P. O. Box 33031
St. Petersburg, FL 33733-8031

$
AMOUNT ENCLOSED

6804 04905205868 75

50 1M B

PAGE 1

Templeton Funds Distributor, Inc.
Principal Underwriter
P. O. Box 33031
St. Petersburg, FL 33733-8031

TEMPLETON WORLD FUND

PLEASE REFER TO YOUR ACCOUNT NUMBER IN ALL CORRESPONDENCE

Shareholder Services	STAR Service
1-800-237-0738	1-800-864-0123

FUND	ACCOUNT NUMBER	SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NO	DEALER REPRESENTATIVE	DEALER NUMBER
102	0022-233264	493-21-6130	090-077 RIEKER	0633140900

SHAREHOLDER NAME

TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

DEALER NAME

A G EDWARDS & SONS INC
1 WEST OLD STATE CAPITOL PLAZA
SUITE 100
SPRINGFIELD IL 62701

SUMMARY OF YOUR ACCOUNT

STATEMENT DATE	INCOME DIVIDENDS PAID THIS YEAR	LONG-TERM CAPITAL GAINS DISTRIBUTED THIS YEAR	CERTIFICATE SHARES HELD BY YOU	+	SHARES ON DEPOSIT	=	TOTAL SHARES YOU OWN
12/31/90	$178.04	$243.84	0.000		362.716		362.716

INCOME DIVIDENDS ARE REINVESTED
CAPITAL GAINS ARE REINVESTED

VALUE ON 12/31/90 $4,601.31

INDIVIDUAL TRANSACTIONS FOR YEAR TO DATE

EFFECTIVE DATE OF TRANSACTION	TYPE OF TRANSACTION	DOLLAR AMOUNT	PRICE PER SHARE	SHARES THIS TRANSACTION	TOTAL SHARES
	BALANCE FORWARD 01/01/90				929.507
08/07/90	EXCHANGE	9,264.00	15.44	600.000-	329.507
10/04/90	INCOME DIVIDEND RATE $00.410	135.10	12.40	10.895	340.402
10/04/90	LONG TERM CAP GAIN RATE $00.740	243.84	12.40	19.665	360.067
10/04/90	SHORT TERM CAP GAIN RATE $00.010	3.30	12.40	0.266	360.333
12/28/90	INCOME DIVIDEND RATE $00.110	39.64	12.43	3.189	363.522
12/28/90	1991 CUSTODIAN FEE	10.00	12.40	0.806-	362.716

46519232 → 15397.21

DEALERS IN ALL CASES ACT AS PRINCIPALS ON THEIR OWN BEHALF OR AS AGENT FOR THE INVESTOR AND IN NO CASE ACT AS AGENT FOR ANY TEMPLETON FUND OR FOR THE PRINCIPAL UNDERWRITER.

To ensure prompt and accurate processing of your investment, please detach this stub and enclose with your check. Please make your check payable to the fund named herein.

FUND NUMBER & NAME 102 TEMPLETON WORLD FUND
ACCOUNT NUMBER 0022-233264
SHAREHOLDER NAME AND ADDRESS TFTC CUST FOR
RICHARD DURBIN IRA
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

YOUR CHECK WILL BE INVESTED IN SHARES OF THE TEMPLETON FUND NAMED HEREIN AT THE CLOSING PRICE IN EFFECT ON THE DAY IT IS RECEIVED, EXCEPT INVESTMENTS IN THE TEMPLETON MONEY FUNDS, WHICH WILL BECOME EFFECTIVE WHEN THE CHECK IS CONVERTED INTO FEDERAL FUNDS.

FOR CONVERSION PLANS
THIS CONTRIBUTION APPLIES TO (TAX YEAR)
FOR IRA
☐ DEDUCTIBLE
☐ NON-DEDUCTIBLE
☐ ROLLOVER

PLEASE INDICATE ANY CHANGE OF ADDRESS HERE ➡
____
____
____

Templeton Funds Trust Company
P. O. Box 33031
St. Petersburg, FL 33733-8031

$ ______
AMOUNT ENCLOSED

6802 00022233264 75

MARINE BANK OF SPRINGFIELD
1 EAST OLD STATE CAPITOL PLAZA
SPRINGFIELD, IL 62701

The amount of interest paid has been consolidated under one Social Security number. Please keep this form for your records. Do not attach it to your income tax return. See instructions for recipient printed on back of this form.

PRINT POSTAL
PERMIT DATA HERE

PAYER'S FEDERAL IDENTIFYING NUMBER	CODE	ACCOUNT NUMBER	INTEREST	FED. WITHHOLDING TAX	PENALTY / FORFEITURE
370528000	SV	00491837	57.23	0.00	0.00
RECIPIENT'S IDENTIFYING NUMBER 340764396	TOTALS ▶		1 57.23	2 0.00	3 0.00

IMPORTANT:

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

JENNIFER M DURBIN OR
LORETTA M OR RICHARD DURBIN
1925 S BATES
SPRINGFIELD, IL 62704

CODES
CK = CHECKING ACCOUNT
SV = SAVINGS ACCOUNT
CD = CERTIFICATE OF DEPOSIT
YOUR 1990 INTEREST

PAGE 01 OF 01

OMB 1545-0112 1099 INT STATEMENT FOR RECIPIENTS OF INTEREST INCOME

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 11: 39
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Bernard J. Dwyer
(Full Name)

31 Mason Drive
Edison, New Jersey 08820
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: New Jersey District: 6 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

mc (Office Use Only) (9)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	N/A	
	State of New Jersey	Pension	$4,563	
	Fraser Brothers, Inc.	Spouse Salary	N/A	
	General Cable Company	Spouse Pension	N/A	

For additional earned income, use next page

Reporting Individual's Name
Bernard J. Dwyer

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples:	S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	First Savings Bank					X							X									X					
	Bankers Savings					X							X									X					
	Cash Account, Herzog, Heine, Geould		X										X					X									
	National State Bank				X								X								X						
	Village Gate - Metuchen, N.J.					X						X										X					
	Common Stock, American Reliance Group			X							X									X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Bernard J. Dwyer

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Common Stock, Columbia Gas System Inc.			X							X								X								
	Common Stock, Fedders Corp.		X								X							X									
	Common Stock, First Fidelity Bancorp.				X						X											X					
	Common Stock, Fraser Brothers, Inc.					X					X		X											X			
	Common Stock, General Public Utilities		X								X								X								
	Common Stock, General Telephone Electronics Corp.			X							X										X						
	Common Stock, The Cleveland Cliffs Iron Co.		X								X								X								
	Common Stock, Waltuma, Inc.					X					X							X									
	N.Y.S. Callable Bond		X											X				X									X
	North Wildwood, N.J. Bond			X									X							X							
	North Bergen, N.J. Bond		X										X						X								
	Hudson County Sewerage Authority Bond			X									X						X								
	East Brunswick Twp. Bond		X										X						X								
	N.J. HFA Bond			X									X							X							
	N.J. Health Care Bond			X									X							X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bernard J. Dwyer

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	N.J. General Obligation Bond		X										X						X								
	N.J. General Obligation Bond		X										X						X								
	Jersey City Sewer Bond		X										X						X								
	N.J. Health - Middlesex General Hospital Bond		X										X						X								
	Woodbridge Township Bond		X										X						X								
	N.J. MFA RY Bond		X										X						X								
	Boro of North Arlington Bond		X										X						X								
	N.J. EDA Bond		X										X						X								
	Cape May County MUA Bond			X									X							X							
	N.J. HFA Bond			X									X								X						
	N.J. EDA Bond		X										X							X							
	N.J.Highway Authority Bond			X									X								X						
	N.J. Education Facility Bond		X										X							X							
	Township of Brick - General Obligation Bond		X										X							X							
	N.J. MFA Bond		X										X						X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bernard J. Dwyer

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	N.J. Economic Development Bond			X									X						X								
	N.J. Economic Development Bond		X										X						X								
	State of N.J. Transportation Bond		X										X						X								
	County of Middlesex Bond		X										X						X								
	State of N.J. Higher Education Bond		X										X						X								
	N.J. General Obligation Bond			X									X								X						
	Delaware River Port Authority Bond		X										X						X								
	New Brunswick Parking Authority Bond		X										X						X								
	Washington Township Board of Education Bond		X										X						X								
	City of Bayonne Bond		X										X						X								
	Bernards Township School District Bond		X										X						X								
	N.J. EDA Bond		X										X						X								
	Ocean County Sewerage Authority Bond			X									X								X						
	Bergen County Sewerage Authority Bond		X										X						X								
	State of N.J. General Obligation Bond			X									X						X								

1110

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bernard J. Dwyer

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alter-native valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	N.J. Division of Pensions			X													Pension Part I										
	General Cable Company Pension		X														Pension Part I										
	Passaic Valley Sewerage Authority Bonds		X										X						X								
	Morristown, N.J. Bonds		X										X						X								
	Salem County Pollution Control Bonds		X										X						X								
	Common Stock, Nycor Inc.		X								X							X									
	Bank of N.Y. IMIT		X											X				X									

Reporting Individual's Name

Bernard J. Dwyer

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	N.Y.S. Callable Bond		X		06-08-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Savings of Perth Amboy	Mortgage - Village Gate, Metuchen, N.J.				X			

Reporting Individual's Name
Bernard J. Dwyer

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

BERNARD J. DWYER
6th District, New Jersey

Committee:
APPROPRIATIONS

Subcommittees:
DEFENSE
ENERGY AND WATER

BUDGET

Congress of the United States
House of Representatives
Washington, DC 20515

Washington Office:
2428 Rayburn House Office Building
Washington, DC 20515-3006
(202) 225-6301
(202) 225-1863 (Fax)

District Offices:
214 Smith Street
Perth Amboy, NJ 08861-4338
(908) 826-4610
(908) 645-3747 (Fax)

625 Wood Avenue, North
Linden, NJ 07036-4162
(908) 486-4600

88 Bayard Street
New Brunswick, NJ 08901-2[illegible]
(908) 846-[illegible]

HAND DELIVERED

'91 MAY 30 PM 1:53

May 28, 1991

The Honorable Louis Stokes
Chairman
Committee on Standards of Official
Conduct
HT-2, The Capitol
Washington, D.C. 20515

✓
MC ①

Dear Mr. Chairman:

Upon additional review, it has just come to my attention that an omission was made in the typing of my Financial Disclosure form for 1990.

In Part IV - Transactions, in addition to the information presented, the form should have indicated the purchase of that bond on February 4, 1990. All other information remains the same.

Thank you for your attention to this matter.

Sincerely,

Bernard J. Dwyer

BERNARD J. DWYER
Member of Congress

BJD/lbd

RECEIVED
91 MAY 30 AM 9:17
COMMITTEE ON STANDARDS

Reporting Individual's Name
Bernard J. Dwyer

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Waltuma, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
2/1/81	State of New Jersey	Retirement Pension
1983	General Cable Company (Spouse)	Retirement Pension

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/91

GPO: 1991 27-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

'91 MAY 15 PM 6 22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MERVYN M. DYMALLY
(Full Name)

1717 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: California District: 31st ☐ Officer or Employee Employing Office: ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	CA Legislators Retirement	Retirement	$22,268.66	
	CA Teachers Retirement	Retirement	4,187.40	
	Honoraria	See Attachment 1	10,704.16	
	Freedom Financial	Int. on savings	1,306.28	
	Congressional Credit Union	Interest	40.78	
	Watts Credit Union	Interest	28.58	
	California State Controller	Recovery of Interest	8.61	
	Oppenheimer Fund	Int. of mutual fund	510.25	
	Securities Settlement Corp.	Int. on stocks	4.44	
	General Partnership	Sale of land in S. Diego	5,000.00	

For additional earned income, use next page

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Mrs. Alice Dymally's Income			
First Federal Credit Union	Int. on savings	$ 22.81	
Wells Fargo Bank	Int. on savings	377.29	
First Nationwide Bank	Int. on note	8,144.09	

Reporting Individual's Name
MERVYN M. DYMALLY, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Disneyland	X									X							X									
	General Partnership in Land						X							X							X						Partial Sale
	Investment, San Diego Co., CA																										
	112 NW 60th Ave., Margate, FL			X								X									X						No Profit
	434 Spruce, Inglewood, CA					X												X									Family Use
	Vacant Land, San Bernardino, CA				X													X									

For additional assets and unearned income, use next page

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	434 Spruce, Inglewood, CA	X			10-01-90				X			
	Vacant Land 269-111-09 San Bernardino, CA	X			06-25-90			X				
	General Partnership, Fallbrook, CA	X			02-17-89	X						
	General Partnership, Fallbrook, CA		X		04-06-90	X						
	General Partnership, Fallbrook, CA	X			05-17-90					X		

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Gold Coast S&L, Plantation, FL	Mortgage on 112 NW 60th Ave., Margate, FL		X					
	Wells Fargo Bank, San Jose, CA	Loan		X					
	Queen City Bank, Long Beach, CA	Loan		X					
	Security Pacific Bank	Loan		X					
	Western Bank Mortgage Co.	Mortgage on 434 Spruce, Inglewood, CA				X			

Attachement 1

HONORARIA 1990

January		
12	Blackside - Eyes on the Prize II	$ 1,000.00
February		
22	Nat'l. Association of Postmaster of the U.S.	1,000.00
March		
04	Virginia Council of Higher Education	900.00
13	The Washington Institute	2,000.00
26	Pathfinder Press	218.34
April	N/A	
May	N/A	
June		
06	Chicago Mercantile Exchange	750.00
06	Board of Trade of the City of Chicago	750.00
July	N/A	
August		
07	Nat'l. Association of Postal Supervisors	1,000.00
September		
30	Pathfinder Press	85.82
October		
13	Caribbean Action Labor Committee	2,000.00
November	N/A	
December		
04	Nat'l. Association of Arab Americans	1,000.00

MERVYN M. DYMALLY
THIRTY-FIRST DISTRICT
CALIFORNIA

1717 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-5425

INSIDE MAIL

COMMITTEES:
FOREIGN AFFAIRS
CHAIRMAN, SUBCOMMITTEE ON AFRICA
DISTRICT OF COLUMBIA
CHAIRMAN, SUBCOMMITTEE ON JUDICIARY AND EDUCATION
POST OFFICE AND CIVIL SERVICE

Congress of the United States
House of Representatives
Washington, DC 20515

May 30, 1991

1991 JUL -9 [illegible] 9:00

✓ MC

Honorable Louis Stokes
Chairman
Committee on Standards of
Official Conduct
HT-2 U.S. Capitol
Washington, D.C. 20515

①

Dear Mr. Chairman:

I am in receipt of the request for clarification of certain assets as reported in my Financial Disclosure Statement.

1.) Mrs. Dymally's income was derived from interest on her savings. She had no employer in 1990.

2.) More information on land partnership is forthcoming. The information has to be secured from my California partner in person.

Since, I will not be returning to California until late June, this cannot be ascertained until then.

Respectfully,

MERVYN M. DYMALLY
Member of Congress

MMD:me

RECEIVED
91 JUN -3 AM 9:22
COMMITTEE ON STANDARDS

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 16.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
Kodak (Singapore) Ltd.		Disposable Cameras	$47.16

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Kingdom of Saudi Arabia		01/3-4/90	Food & lodging - 2 days	
Nat'l. Assoc. of Postal Supervisors		08/07/90	Round trip from LAX to San Diego	
Carib. Action Labor Committee		10/13/90	Round trip from Washington, DC to New York, 1 day food & lodging	
Donahue Show		10/30/90	Round trip from Washington, DC to New York, 1 day lodging	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chair, Bd. of Advisors	Inst. for Science, Space & Tech., Howard University, Washington, D.C.
Member, Bd. of Governors	British Virgin Island Community College

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) 5/14/91

GPO: 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY -7 [illegible] 10:44
U.S. [illegible] [illegible]ENTATIVES
[illegible]

MC

(Office Use Only) ⑥

Joseph D. Early
(Full Name)

2349 Rayburn HOB
Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: District:	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Commonwealth of Massachusetts-(not subject to income)			
	U. S. House of Representatives-Retirement(not subject to income)			

For additional earned income, use next page

Reporting Individual's Name

Joseph D. Early

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name

Joseph D. Early

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright- Patman Credit Union		x						
	Commerce Bank and Trust			x					

Reporting Individual's Name

Joseph D. Early

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Joseph D. Early, M/C

Positions

Position	Name of Organization
Corporater	Worcester Art Museum
Co-Ordinator	National Committee on Community Corrections
Direcor	Center For Living and Working, Worcester,Massachusetts
Director	Mass. Society for Medical Research
Trustee	Worcester County Mechanics Association
Director	Biotechnology Center for Excellance
Board Member	Foundation for Biomedical Research

Reporting Individual's Name
Joseph D. Early, M/C
Joseph

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprises, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Visitors	Clark University
Member	Commisson on the Future of the University of Massachusetts
Member	American Antiquarian Society

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 6.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joseph D. Early	May 7, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 [illegible] 15 [illegible] 29

HAND DELIVERE

DENNIS E. ECKART
(Full Name)

1111 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives State: Ohio District: 11	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Amusement Machine Association (September 26, 1990)	Winnings	$500	X (Clothe A Child Foun.)

For additional earned income, use next page

Reporting Individual's Name

DENNIS E. ECKART

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT DC	Metropolitan Savings Bank (formerly Independent Savings & Ln)			X									X								X						
S DC	NVR Savings (CD & Checking)		X										X					X									
	McDonald & Company (Stock)		X								X							X									
	Conrail (Stock)		X								X							X									
	Merrill Lynch Mutual Fund) (IRA - Balanced		X								X							X									
	Coins		X															X									

For additional assets and unearned income, use next page

Reporting Individual's Name
DENNIS E. ECKART

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Independent Savings & Loan (now called Metropolitan Savings Bank) (stock) (sold a number of years ago; put on '89 Financial Disclosure Statement by mistake)											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
DENNIS E. ECKART

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒ X

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Paint & Coatings Association (speech)	Feb 16-19	Roundtrip Air from Wash to West Palm Beach, 3 days food & lodging, self & spouse	
Ohio Bell (speech)	Feb 24-25	Roundtrip Air from Wash to Columbus, 1 day food & lodging	
American College of General Practitioners in Osteopathic*	Mar 15-18	*Medicine & Surgery Roundtrip Air from Wash to Orlando, 3 days food & lodging, self & son (speech)	
Interstate Natural Gas Assn. of America (speech)	Apr 7-8	One-Way Air from Cleveland to Ft. Myers, 1 day food & lodging, self & brother	
Electronic Industries Assn	Apr 9-12	One-Way Air from Ft. Myers to Cleveland, 3 days food & lodging, self & brother (speech)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

* CONTINUED ON NEXT PAGE

* CONTINUATION OF PART VII

Reporting Individual's Name
DENNIS E. ECKART

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Philip Morris Companies, Inc.		Jun 9-10	Air from Cleveland to Montreal to Wash, 1 day food & lodging, self & son (panel speaker)	
Burlington Northern (fact-find)		Nov 8-11	Roundtrip Air from Wash to Denver, 3 days food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DENNIS E. ECKART

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
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91 MAY 15 PM 2 44
OFFICE OF THE CLERK
U.S HOUSE OF REPRESENTATIVES

HAND DELIVERED

Thomas Chester Edwards
(Full Name)

2736 Lake Shore Drive #1008
Waco, Texas 76708
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: TX District: 11	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment ☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
Texas State Senate		Salary	$7,071.36	
Edwards Communications Corporation		Salary	$5,000.00	

For additional earned income, use next page

Reporting Individual's Name
Thomas Chester Edwards

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Western Bank - Checking		X										X						X								
	Life Financial Corporation - Stock	X																X									
	Trison Aviation		X									X						X									X
	*Brad Edward White Investment Trust					X						X											X				
	*Parker Thomas White Investment Trust					X						X											X				
	*Landon Allen White Investment Trust					X						X											X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Thomas Chester Edwards

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	*Tom W. White's Spousal Life Insurance Trust		X										X						X								
	*Tom W. White's Children's Life Insurance Trust		X										X						X								
	*These are non-paid positions in which																										
	I serve as either trustee or co-trustee																										

Reporting Individual's Name
Thomas Chester Edwards

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Trison Aviation		X		10-17-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Tom W. White, Dallas, TX	loan to close out Texas Commerce Bank loan		X					
	Team Bank, Dallas, TX	loan to close out loan from Tom W. White		X					

Reporting Individual's Name
Thomas Chester Edwards

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Thomas Chester Edwards

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Trison Aviation
President	Edwards Communications Corporation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Chet Edwards

DATE (Month, Day, Year): MAY 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1980

FORM A
For use by Members, officers, and employees

RECEIVED
[illegible] MAY 13 [illegible] 8 14

DON EDWARDS
(Full Name)

2307 Rayburn HOB
(Mailing Address)
Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives State: California District: 10th	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment ☐ Termination Termination Date:

INSIDE MAIL ⑥
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1980)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1980)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Peace Through Law Foundation, Wash, DC (Wife)	Spouse Salary	10,500	
	Arms Control & Foreign Policy Caucus (Wife)	Spouse Salary	27,300	

1142

For additional earned income, use next page

Reporting Individual's Name
Don Edwards

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples:	S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Bank of America, S.Fran(Checking)				X									X									X				
		Tax Exempt Kemper				X									X										X			
		Money Market Fund																										
		Note from Clyda Guggenberger								X						X									X			
		Dreyfus Money Market Fund (Wife)				X										X							X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Don Edwards

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Wright Patman Credit Union (Wife)				X								X								X						
	Transcontinental Corp Common Stock (Wife)						X							X									X	~~X~~			
	Bank of New York Savings (Wife)		X										X						X								
	Southern Calif Power Authority																										
	Calif State Tax Exempt Bonds					X							X								X						
	Nat'l Bank of Washington (Savings)				X								X									X					

Reporting Individual's Name
Don Edwards

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	California State Government Bond	X			5-1-90			X				
	California State Water District Bond	X			10-2-90				X			
	California State Water District Bond	X			9-4-90				X			
	Santa Clara County Tax & Rev. Antic NTS Bond	X			9-20-90					X		
	Southern California Public Power Authority Bond	X			9-20-90				X			

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Don Edwards

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Don Edwards

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Executive Director (Wife)	Arms Control & Foreign Policy Caucus
Executive Director (Wife)	Peace Through Law Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Don Edwards

DATE (Month, Day, Year)
May 9, 1991

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
1991 MAY 15 PM 3:33
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Congressman Mickey Edwards
(Full Name)

2330 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: OK District: 5th	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

MC (Office Use Only) ⑧

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Alan Freed Seminar (2/23/90)	Speech	400.00	
Anti-Arab Discrimination League (1/21/90)	Speech	2,000.00	
New York Times (1/27/90)	article	150.00	
Pharmaceutical Manufacturers Assoc. (3/14/90)	speech	1,000.00	
Labor Policy Association (4/18/90)	speech	2,000.00	
Alan Freed Seminar (5/7/90)	speech	250.00	
Alan Freed Seminar (5/7/90)	speech	250.00	
Alan Freed Seminar (4/10/90)	speech	250.00	
Alan Freed Seminar (5/7/90)	speech	250.00	
Woodrow Wilson School of Public Intern. Affairs	speech	300.00	

For additional earned income, use next page

Reporting Individual's Name
Mickey Edwards

PART I—EARNED INCOME, INCLUDING HONORARIA (PAGE 2)

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Alan Freed Seminar (5/15/90)	speech	250.00	
E. Bruce Harrison Forum 101 (5/16/90)	speech	2,000.00	
Nat. Cable TV Assoc. (6/15/90)	speech	1,500.00	
Grocery Manufacturers Assoc. (6/14/90)	speech	2,000.00	
Oxy Petroleum (6/7/90)	speech	1,000.00	
Connell, Rice & Sugar, Inc. (8/24/90)	speech	2,000.00	
National Affairs "The Public Interest) (8/13/90)	article	1,000.00	
Arcla Pipeline (9/20/90)	speech	1,000.00	
Alan Freed Seminar (10/15/90)	speech	250.00	
Alan Freed Seminar (10/15/90)	speech	250.00	
Alan Freed Seminar (10/15/90)	speech	250.00	
Hill & Knowlton - "Free Kuwait Rally"	speech	1,000.00	
Southwestern Bell Co. (9/26/90)	speech	1,000.00	
Alan Freed Seminar (10/15/90)	speech	250.00	
Van Kloberg & Associates (10/19/90)	speech	1,000.00	
Hecht Spencer & Associates (11/20/90)	speech	1,000.00	
Alan Freed Seminar (12/5 /90)	speech	250.00	
Alan Freed Seminar (12/31/90)	speech	250.00	
Alan Freed Seminar (12/31/90)	speech	250.00	
Chemical Manufacturers Assoc. (12/20/90)	speech	2,000.00	

Reporting Individual's Name
Mickey Edwards

PART I—EARNED INCOME, INCLUDING HONORARIA

(PAGE 3)

Continuation Sheet (If needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Gas Distributors Exchange (12/18/90)	speech	1,000.00	

Reporting Individual's Name

Mickey Edwards

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A–3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Mickey Edwards

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17!

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Mickey Edwards

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Anti-Arab Discrimination League	1/18-1/22/90	Roundtrip Air travel from Wash, D.C. to Chicago Hotel, rental car & meals for 3 days	
Aspen Institute	1/10-1/15/90	Roundtrip Air travel from BWI to Jamaica for Member & son Hotel & meals for Member & son for 6 days	
Fairleigh Dickinson Univ.	4/6-4/9/90	Roundtrip Air travel from Wash, D.C. to London, England Hotel & meals for 4 days	
Woodrow Wilson School of Public Intern. Affairs	5/4/90	Roundtrip train travel from Wash, D.C. to Princeton, N.J.	
Nat. Cable TV Assoc.	5/20/90	Roundtrip air travel from Wash, D.C. to Atlanta, GA	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Mickey Edwards

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 16.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT (con't)

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)** (Con'd)	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Connell, Rice & Sugar Inc.		8/5-8/7/90	Roundtrip Train travel from Wash, D.C. to New York City, NY for ~~Member & son & hotel & meals for 3 days~~	
Duke Univ. Federal City Law Society		11/20/90	Roundtrip Air travel from Wash, D.C. to Raleigh, N.C.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Mickey Edwards

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chairman	The Renascence Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Mickey Edwards

DATE (Month, Day, Year)
May 15, 1991

GPO 1991 27-080

ETHICS IN GOVERNMENT ACT – FINANCIAL DISCLOSURE STATEMENT

Norvell William Emerson
May 15, 1991

CONTINUATION SHEET

PART VII – REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, ETC.

Rural Restoration Conference – 8/22/90 – air transportation (Cape Girardeau, MO/Memphis, TN)

The Rice Millers' Association – 12/6-7/90 – airfare (DC/Denver/New Orleans); one night's food and lodging

Chicago Mercantile Exchange – 12/9-10/90 – airfare (New Orleans/Chicago/DC; one night's food and lodging

A-4(a)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 5:05
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Norvell William Emerson
(Full Name)

438 Cannon Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: MO District: 8th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
National Republican Congressional Committee		Spouse Salary	NA	
National Council of Farmer Cooperatives	(1/25/90)	Honorarium	$1,000	
Sunkist Growers, Inc.	(1/25/90)	Honorarium	1,000	
National Agricultural Chemicals Association	(4/26/90)	Honorarium	500	
U.S. English Foundation	(4/28/90)	Honorarium	2,000	
Association of American Railroads	(5/1/90)	Honorarium	500	
Association of American Railroads	(6/16/90)	Honorarium	1,000	
The Connell Company	(6/18/90)	Honorarium	2,000	
Grand Metropolitan Food Sector	(6/25/90)	Honorarium	2,000	
ConAgra, Inc.	(7/23/90)	Honorarium	2,000	

For additional earned income, use next page

Reporting Individual's Name

Norvell William Emerson

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
The Tobacco Institute (7/24/90)	Honorarium	$2,000	
U.S. English Foundation (10/18/90)	Honorarium	2,000	
Hecht, Spencer & Associates (10/26/91)	Honorarium	1,000	
U.S. Canola Association (11/12/90)	Honorarium	1,000	
Fertilizer Institute (11/27/90)	Honorarium	2,000	
The Rice Millers' Association (12/6/90)	Honorarium	2,000	
American Sugar Cane League (12/8/90)	Honorarium	2,000	
Chicago Mercantile Exchange (12/10/90)	Honorarium	750	
Chicago Board of Trade (12/10/90)	Honorarium	750	
Federal Agricultural Mortgage Corporation (12/12/90)	Honorarium	1,500	X
Amstar Sugar Corporation (12/17/90)	Honorarium	2,000	X ($650)

Reporting Individual's Name

Norvell William Emerson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
			none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
	1417 Amblewood (partial year) Cape Girardeau, MO						X						X										X					
	1310 Lexington Cape Girardeau, MO (partial year)				X								X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Norvell William Emerson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Boatmen's Bank, Cape Girardeau, MO	Mortgage on 1417 Amblewood			X				
	Mercantile Bank, Cape Giradeau, MO	Mortgage on 1310 Lexington		X					
	Bank of Sikeston, Sikeston, MO	Personal Loan		X					

Reporting Individual's Name
Norvell William Emerson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute, Inc.	2/22-24/90	Train fare (DC/Princeton/DC) and two days' food and lodging (self and family)	
U.S. English Foundation	4/28-29/90	Airfare (Memphis/Birmingham, AL/DC) and one night's food and lodging	
Association of American Railroads	6/15-17/90	Airfare (DC/Los Angeles/Newark, NJ) and two nights' food and lodging	
The Connell Company	6/17-18/90	Airfare (Newark, NJ/DC) and one night's food and lodging	
ConAgra, Inc.	7/22-23/90	Air transportation (St. Louis/Omaha/DC) and one night's food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Norvell William Emersun

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Governors	The Capitol Hill Club

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☒	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Norvell William Emerson	May 15, 1991

GPO : 1991 : 27-888 (H)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Rep. Eliot L. Engel
(Full Name)

1213 Longworth House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: New York District: 19th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

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[illegible] REPRESENTATIVES

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(Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Restaurant Association (04/13/90)	Speech	$1,000.00	
	Securities Industry Association, Inc. (05/21/90)	Speech	2,000.00	
	Northrop Corporation (06/08/90)	Speech	2,000.00	
	National Treasury Employees (07/11/90)	Speech	300.00	
	US Cane Sugar Refiners' Association (10/10/90)	Speech	2,000.00	
	Chicago Board of Trade (12/05/90)	Speech	750.00	
	Chicago Mercantile Exchange (12/05/90)	Speech	750.00	
	American Council of Life Insurance (12/06/90)	Speech	1,000.00	
	Fair Lawn Jewish Community Council (12/07/90)	Speech	250.00	
	Morgan Stanley & Co., Inc. (12/18/90)	Speech	2,000.00	

For additional earned income, use next page

Reporting Individual's Name
Rep. Eliot L. Engel

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Bell Helicopter Textron, Inc. (12/20/90)	Speech	$2,000.00	
City University of NY/Lehman College	Teaching Fee	1,610.88	
New York Board of Education	Spouse Salary	NA	
Monroe College	Spouse Salary	NA	

Reporting Individual's Name
Rep. Eliot L. Engel

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Marine Midland Bank		X										X														
			Cong. Federal Credit Union		X										X														
			Dreyfuss Money Market	X									X																

For additional assets and unearned income, use next page

Reporting Individual's Name

Rep. Eliot L. Engel

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Rep. Eliot L. Engel

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Electronic Industries Assoc.	04/08 - 04/15,90	Roundtrip Air from NYC to Fort Myers, Florida, five days food and lodging, rental car, self and spouse	
National Restaurant Assoc.	05/18 - 05/20,90	Roundtrip Air from NYC to Chicago, three days food and lodging, self and spouse	
Northrop Corporation	05/27 - 05/31,90	Roundtrip Air from NYC to Los Angeles, one day lodging	
Chicago Mercantile Exchange	12/05 - 12/07,90	Roundtrip Air from Washington to Chicago and return to NYC, one day lodging	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Rep. Eliot L. Engel

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Eliot L. Engel	DATE (Month, Day, Year) May 15, 1991

GPO: 1991 37-088 (H)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 31 PM 1:27
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Rep. Eliot L. Engel
(Full Name)

1213 Longworth House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: New York District: 19th ☐ Officer or Employee Employing Office: ____

Report Type: ☒ Annual (May 15) ☒ Amendment ☐ Termination Termination Date: ____

MC ⑥ (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Restaurant Association (04/13/90)	Speech	$1,000.00	
	Securities Industry Association, Inc. (05/21/90)	Speech	2,000.00	
	Northrop Corporation (06/08/90)	Speech	2,000.00	
	National Treasury Employees (07/11/90)	Speech	300.00	
	US Cane Sugar Refiners' Association (10/10/90)	Speech	2,000.00	
	Chicago Board of Trade (12/05/90)	Speech	750.00	
	Chicago Mercantile Exchange (12/05/90)	Speech	750.00	
	American Council of Life Insurance (12/06/90)	Speech	1,000.00	
	Fair Lawn Jewish Community Council (12/07/90)	Speech	250.00	
	Morgan Stanley & Co., Inc. (12/18/90)	Speech	2,000.00	

For additional earned income, use next page

Reporting Individual's Name
Rep. Eliot L. Engel

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Bell Helicopter Textron, Inc. (12/12/90)	Speech	$2,000.00	
City University of NY/Lehman College	Teaching Fee	1,610.88	
New York Board of Education	Spouse Salary	NA	
Monroe College	Spouse Salary	NA	

Reporting Individual's Name
Rep. Eliot L. Engel

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Marine Midland Bank		X										X					X									
			Cong. Federal Credit Union		X										X					X									
			Dreyfuss Money Market	X									X							X									

For additional assets and unearned income, use next page

Reporting Individual's Name

Rep. Eliot L. Engel

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Rep. Eliot L. Engel

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Electronic Industries Assoc.	04/08 - 04/15,90	Roundtrip Air from NYC to Fort Myers, Florida, four days food and lodging, rental car, self and spouse	
		(added days at own expense)	
National Restaurant Assoc.	05/18 - 05/20,90	Roundtrip Air from NYC to Chicago, three days food and lodging, self and spouse	
Northrop Corporation	05/27 - 05/31,90	Roundtrip Air from NYC to Los Angeles, one day lodging	
Chicago Mercantile Exchange	12/05 - 12/07,90	Roundtrip Air from Washington to Chicago and return to NYC, one day lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Rep. Eliot L. Engel

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eliot L. Engel

DATE (Month, Day, Year): May 31, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Glenn Lee English, Jr.
(Full Name)

9500 Clarks Crossing Road Vienna, VA 22182
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: OK District: 6	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	The Tobacco Institute, La Quinta, CA (1-20-90)	Honorarium	$2,000	
	American Agrisurance, San Diego, CA (1-21-90)	Honorarium	2,000	
	The Farm Credit Council, San Diego, CA (2-8-90)	Honorarium	1,500	
	Nat'l Agricultural Chemical Assoc., Washington, DC (7-12-90)	Honorarium	1,000	
	National Grain Trade Council, Washington, DC (3-1-90)	Honorarium	1,000	
	Crop Insurance Research Bureau, Orlando, FL (2-12-90)	Honorarium	2,000	
	Connell Rice and Sugar, Newark, NJ (2-14-90)	Honorarium	2,000	
	American Assoc. of Crop Insurers, Tucson, AZ, (3-7-90)	Honorarium	2,000	
	Burson-Marsteller, Washington, DC (3-7-90)	Honorarium	1,000	
	National Farmers Union, Oklahoma City, OK (6-19-90)	Honorarium	1,000	

For additional earned income, use next page

Reporting Individual's Name
Glenn Lee English, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Futures Industry Assoc., Boca Raton, FL (6-18-90)	Honorarium	$2,000	
United States Telephone Assoc., Washington, DC (4-11-90)	Honorarium	2,000	
Independent Bankers Assoc., Washington, DC (4-2-90)	Honorarium	2,000	
USC Institute of Politics, Washington, DC (8-29-90)	Honorarium	~~2,000~~	
American Bankers Assoc., Keystone, CO (8-18-90)	Honorarium	2,000	
T-Com, Columbia, MD (12-6-90)	Honorarium	2,000	
Chicago Board of Trade, Chicago, IL (12-11-90)	Honorarium	1,500	
Chicago Mercantile Exchange, Chicago, IL (12-11-90)	Honorarium	1,500	

		$30,500 total	
	less	3,650 given to charity	
		$26,850 net	
J. English Interiors, Vienna, VA	Fees/Service	N/A	

Reporting Individual's Name
Glenn Lee English, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			family farm (40 acres), Cordell, OK			X													None										
			minerals (30 acres), SE of Cordell, OK			X													None										
			family farms (30 acres), Sentinel, OK			X													None										
			minerals (20 acres), W. of Clinton, OK			X													None										
			minerals (20 acres), SE of Cordell, OK			X													None										
			house and lot, Cordell, OK			X								X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name
Glenn Lee English, Jr.

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Cong. Federal Credit Union accounts			X									X								X						

Reporting Individual's Name
Glenn Lee English, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	None											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Congressional Federal Credit Union	home equity loan		X					

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Glenn Lee English, Jr.

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
OPASTCO		Jan. 13-16, '90	roundtrip airfare from Washington, DC to Naples, FL, 4 days, 3 nights food and lodging, w/spouse for speech	
The Tobacco Institute		Jan. 20-21, '90	roundtrip airfare from San Diego, CA to Palm Springs, CA, 1 day and 1 night lodging and food for speech	
The Farm Credit Council		Jan. 20-22, '90	roundtrip airfare from Washington, DC to San Diego, CA, 2 days, 1 night lodging and food for speech	
Crop Insurance Research Bureau		Feb. 11-12, '90	airfare from Oklahoma City, OK to Orlando, FL and return from Orlando, FL to Washington, DC, 2 days, 1 night food and lodging-speech	
American Assoc. of Crop Insurers		Feb. 25-26, '90	roundtrip airfare from Washington, DC to Tucson, AZ, 2 days, 1 night food and lodging for speech	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Glenn Lee English, Jr.

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT (CON'T)

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source CON'T FROM A-4	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Connell Rice and Sugar	Feb.14,'90	roundtrip airfare from Washington, DC to Newark, NJ, food, for speech	
Futures Industry Association	Mar.8-9,'90	airfare from Washington, DC to W. Palm Beach, FL and return from Ft. Lauderdale, FL to Washington, DC, 2 days, 1 night food and lodging-speech	
American Bankers Association	Aug.17-20,'90	roundtrip airfare from Oklahoma City, OK to Denver, CO, 4 days, 3 nights lodging and food, w/spouse, for speech	
Chicago Board of Trade	Dec.11,'90	one-half of roundtrip airfare from Washington, DC to Chicago, IL, one-half of food for speech	
Chicago Mecantile Exchange	Dec.11,'90	one-half of roundtrip airfare from Washington, DC to Chicago, IL, one-half of food for speech	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Glenn Lee English

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
None	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
None		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Glenn Lee English Jr.

DATE (Month, Day, Year) 5-15-91

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Congressman Ben Erdreich
(Full Name)

2625 Highland Avenue
Birmingham, Alabama 35205
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Alabama District: 6th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

1991 MAY 15 AM 11:35
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

MC (Office Use Only) 11

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991; must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$800	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
American Bankers Assoc., Wash., D.C. 2/26/90	Speech	$2000.00	X
5/8/90 Association of Progressive Rental Org., Wash., D.C.	Speech	$2000.00	*
Wash., D.C. 7/10/90 American Institute of Certified Public Accountants	Speech	$2000.00	*
12/13/90 Birmingham Television Corporation B'ham., Ala.	Speech	$500.00	X
		*(to be donated to charity in 1991)	

For additional earned income, use next page

ATTACHMENT A: BENSTANCO

I own an undivided 14.08% interest in stocks, realty, and cash of BENSTANCO, an investment partnership. Also, through Trust u/w/o Benjamin Leader, I am the beneficial owner of an undivided 15.80% interest in said stocks, realty, and cash. My total holdings are Category of Value F under Part II and III. All income was received as distribution by the partnership. The following assets were held by the partnership during the year and income therefrom is also shown:

	CATEGORY OF VALUE	CATEGORY OF AMT.OF INCOME
Alabama By-Products	C	I
ALFA Corporation	B	II
AmSouth Bancorp	C	III
American Tel & Tel	C	III
AlaTenn Resources	B	II
Big B, Inc.	B	I
Bruno's	D	II
Delchamps, Inc.	C	II
Eastman Kodak	C	III
First Ala Bancshares	C	II
First AmFed Corp	B	I
First Commercial Bancshares	B	II
Golden Enterprises	B	II
Intl. Business Mach.	B	II
Liberty Corporation	B	II
Maytag Co.	B	II
Pacificorp	C	III
QMS, Inc.	C	I
Russell Corp	C	II
Temple-Inland, Inc.	B	I
Torchmark Corp	C	II
Federated Prime Cash Series*	B	II
S.P. Hotel	C	I

*Formerly placed in Kemper Cash Equivalent Fund

ATTACHMENT B: Trust u/w/o BENJAMIN LEADER

I have beneficial interest in 1/3 of the holdings of above trust. My ownership under said Trust within BENSTANCO is detailed (ATTACHMENT A). The real estate holdings are:

IDENTITY	CATEGORY
West half of Lot 7, Block 98, Birmingham, Al (improved rental property)	C
Undivided 1/2 interest, Lot 9, Block 105, Birmingham, Al (improved rental property)	C
Undivided 1/3 interest, Lot 12, Block 82, Birmingham, Al (unimproved rental property)	B
Springwoods, Ltd., Dothan, Al 28 acres unimproved, 45% interest	C
Condominium, Highland Ave., Birmingham, Al	C

ATTACHMENT C: Trust u/w/o MARY L. LEADER

I have a life interest in 1/3 of the holdings of the above trust. My total holdings are Category of Value F under part II and III. All income was received as distribution by the trust. The following assets were held by the trust during the year and income therefrom is also shown:

	CATEGORY OF VALUE	CATEGORY OF AMT.OF INCOME
2617 N. 24th Street Birmingham, Al (improved rental prop.)	D	V
Alabama By-Products Corp., Class A	B	I
Alabama By-Products Corp., Class B	C	I
Allied Signal, Inc.	B	I
American Information	B	II
American Telephone & Telegraph Co.	B	II
AmSouth Bancorporation	B	II
Bell Atlantic Corp.	B	II
Bell South Corp.	C	II
Central Bancshares Of The South	B	II
Coca Cola Company	D	II
Colgate-Palmolive Co.	B	I
Durr Fillauer Medical Inc.	C	I
Exxon Corp	B	II
General Electric Co.	C	II
International Business Machines	B	I
Pacific Telesis Group	B	II
Pfizer Inc.	B	II
Scana Corp	B	II
Sears Roebuck & Co.	B	II
Texaco Inc.	B	II
Torchmark Corp.	C	II
USX Corp.	B	II
Union Pacific Corp.	B	II
Federated Prime Cash Series	B	II

Reporting Individual's Name

Congressman Ben Erdreich

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Category of Value (X)									BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		102 Main Street, Dover, Delaware				X							X								X							
		(See Attach. B.) Trust u/w/o Benjamin Leader					X											Trust Distribution					X					
		Wright Patman Cong. Credit Union		X										X						X								
		(33 1/3 interest) Camelot Apts., Dothan, Al.						X					X	X											X			
		AmSouth of B'ham., Al.				X								X				Checking Savings Acct.				X						
		(See Attach. A.) BENSTANCO (investment partnership)						X										Partnership Distribution					X					
		(See Attach. C.) Trust u/w/o Mary L. Leader						X										Trust Distribution						X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Congressman Ben L. Erdreich

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	(commercial rental prop.) East End Partnership, B'ham., Al.			X								X						X									
	(unimproved realty, 5% interest) Springwoods, LTD, Dothan, Al.			X														X									
	Shearson Lehman Brothers (IRA)		X								X		X					X									
	Stocks (See Attach. D.)			X							X								X								
DC	Federated Prime Cash Series		X										X					X									
S	Shearson Lehman Brothers (IRA)		X								X		X					X									

Reporting Individual's Name

Congressman Ben Erdreich

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	AmSouth Bank	Loan, B'ham., Al.			X				
	American Savings & Loan	(multi-family rental prop., Dothan, Al.) Mortgage, Miami, Florida					X		
	Alliance Mgt. Co.	(multi-family rental prop., Dothan, Al.) Mortgage, Jacksonville, Fla.				X			

Reporting Individual's Name
Congressman Ben Erdreich

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chinese Nat. Assoc. of Industry and Commerce		Nov.14-1	Roundtrip airfare from Wash.,D.C./L.A./Taiwan/Wash. 6 days, meals and lodging for self and spouse	X
The Chinese People's Institute of Foreign Affairs		Nov.24-Dec.1	Roundtrip airfare from Hong Kong/Beijing/Shanghai/ Hong Kong, 7 days meals and lodging for self and spouse.	X
			(Congressman traveled at own expense Nov. 20-23 & Dec. 2)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Congressman Ben Erdreich

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Camelot Apts., Dothan, Al.
Trustee	Trust u/w/o Benjamin Leader (See Attach B.)
Trustee	Trust u/w/o Mary L. Leader (See Attach. C.)
Partner	BENSTANCO investment partnership (See Attach. A)

(Continuation of Part VIII on Attach. E)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ben D. Erdreich	May 15, 1991

GPO: 1991 37-080 (m)

ATTACHMENT D: Stocks

These are my personal or my spouse's holdings of the stocks listed below.

STOCK	CATEGORY
Alabama By Products Corp.	A
American Information	A
American Telephone & Telegraph Co.	A
Bell Atlantic Corp.	A
Bell South Corp.	A
NYNEX Corp.	A
Pacific Telesis Group	A
Southwestern Bell Corp.	A
U.S. West, Inc.	A
Big "B"	A
I.B.M.	A
Atlantic Richfield	A

ATTACHMENT E: PART VIII- POSITIONS

POSITIONS	NAME OF ORGANIZATION
Trustee	Trust u/w/o Stanley M. Erdreich, Sr.
Partner	Springwoods, LTD (unimproved realty, Dothan, Al.)
Board of Directors	Operation New Birmingham
Limited Partner (terminated Sept. 27, 1990)	East End Partnership LTD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 17 PM 3:26
[illegible]
U.S. HOUSE OF REPRESENTATIVES

A. Michael Espy
(Full Name)

103 Lakepointe Drive
Madison, Mississippi 39110
(Mailing Address)

Filer Status: ☑ Member of the U.S. House of Representatives State: ______ District: ______ ☐ Officer or Employee Employing Office: ______

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

HAND DELIVERED

MC (Office Use Only) 13

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$800	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
American Farm Bureau Federation (Jan. 9, 1990)	Speech	$2000	
Vanderbilt University, Nashville, TN (Jan. 23, 1990)	Speech	$2000	
Alcorn State University Alumni, DC (Feb. 24, 1990)	Speech	$2000	
PM Editorial Services, Washington DC. (Feb. 28, 1990)	Issues Statement	$500	
Tobacco Institute, Washington, DC. (March 13, 1990)	Speech	$2000	X
Southern University, New Orleans, LA (May 5, 1990)	Speech	$2000	
National Bar Assoc. Region V, New Orleans, LA (May 19, 1990)	Speech	$500	
American Nuclear Energy Council, Washington DC. (June 21, 1990)	Speech	$300	
W. Harold Flowers Law Society, Hot Springs, AK (June 22, 1990)	Speech	$1000	
National Assoc. of Tobacco Distributors, Washington, D.C. (July 11, 1990)	Speech	$2000	

For additional earned income, use next page

Reporting Individual's Name
A. Michael Espy

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
FARmers Rice CooperAtive, Gridley, CA (Aug. 25, 1990)	Speech	$1500	
Waste Management, Inc. OAkbrook, IL (Aug. 31, 1990)	Speech	$2000	
Winston-Salem Urban League, Winston-Salem, NC (Sept. 6, 1990)	Speech	$1000	
RJR Nabisco, Winston-Salem, NC (Sept. 7, 1990)	Speech	$2000	
Hecht, Spencer & Assoc. Washington, DC (Oct. 26, 1990)	Speech	$1000	
National Restaurant Assoc. Washington, DC. (Nov. 29, 1990)	Speech	$1000	
Springfield Urban League, Springfield, IL (Dec. 2, 1990)	Speech	$2000	
Tuskegee University, Tuskegee, AL (Dec. 3, 1990)	Speech	$2000	
Sun-Diamond Growers, Inc. Pleasanton, CA (Dec. 20, 1990)	Speech	$2000	

Reporting Individual's Name

A. Michael Espy

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			U. S. House of Representatives (salary)																										
			Equivest Insurance Co.	X											X														
			Gulf Holdings, Inc.	X									X																
			Duplex Housing, Yazoo City, MS		X									X															
			Wright-Patterson Fed. Credit Union (savings)			X																							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
A. Michael Espy

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S. DC. JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	

Reporting Individual's Name

A. Michael Espy

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☑

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☑

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
A. Michael Espy

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18. **NONE** ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Public Broadcasting Systems	Video Tapes "Civil WAR Series"	$180⁰⁰

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22. **NONE** ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Connell, Rice & SuGAR	JAN. 10-16, 1990	Roundtrip Air Travel from MS to Republic of ZaiRe, plus Lodging + meals	
Ft. Valley State College	Feb. 13, 1990	Roundtrip Airfare from MS to Atlanta, GA, plus Lodging + meals	
Aspen Institute	April 11-15, 1990	Roundtrip Airfare from MS to BermudA, plus Lodging + meals	
United Church Assembly	May 27, 1990	Roundtrip Airfare from Jackson, MS to Memphis, TN	
National Rifle Association	June 9, 1990	Roundtrip Travel from Jackson to Anaheim, CA, Lodging + meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

See attachment A-4(a)

Attachment A-4(a)

Financial Disclosure 1990 continue...

A. MICHAEL ESPY

PART VII -"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Dates	Description
Mt. Olive M.C. Church Anniston, AL	6-17-90	Travel from Jackson to AL
Chinese National Association for Industry & Commerce Taipei, Taiwan	8/5-12/90	Travel from Jackson to Taipei, Taiwan
North Carolina Central Univ. Raleigh, N.C.	9-22-90	Travel from Jackson to N.C.
St. Augustine College Raleigh, N.C.	11-2-90	Travel From Jackson to N.C.

Attachment
A-5(a)

Financial Disclosure 1990 reporting period

A. MICHAEL ESPY

PART VIII - POSITIONS, Continue

Positions	Name of Organization
Member-Board of Trustees	Project VOTE! Washington, D.C.
Member-Board of Trustees	Congressional Management Foundation Washington, D.C.

please list

Mike Espy
U.S. Representative
2nd District Mississippi
1990 Non-Honoraria Speeches

Financial Disclosure Report 1990 Reporting Period

1). January 8, 1990 - Speaker, Anti-Drug Awareness Program Central High School Little Rock, Arkansas

2). January 22, 1990 - Speaker, Martin Luther King Day St. Andrews Elementary School Jackson, MS

3). January 22, 1990 - Speaker, Martin Luther King Day St. Andrews High School Jackson, MS

4). January 24, 1990 - Speaker, Martin Luther King Day Observance, U.S. Census Bureau Suitland, MD

5). January 26, 1990 - Speaker, Marking Luther King Day Mississippi School for Math & Science, Columbus, MS

6). Februrary 11, 1990 - Speaker, Black History Celebration Mt. Center Baptist Church Flora, MS

7). February 12, 1990 - Speaker, Black History Celebration Rowan Jr. High School Jackson, MS

8). Februrary 12, 1990 - Speaker, Black History Observance Mississippi College School of Law Jackson, MS

9). Februrary 14, 1990 - Speaker, Black History Celebration Johns Hopkins Elementary School Jackson, MS

10). February 14, 1990 - Speaker, Black History Observance Alcorn State University Lorman, MS

11). February 18, 1990 - Speaker, Black History Program Spring Banner Baptist Church Pace, MS

12). February 19, 1990 - Speaker, MS State Legislature State House Agriculture Committee Jackson, MS

13). February 23, 1990 - Speaker, State Conference Communication Workers of America Jackson, MS

14). February 28, 1990 - Speaker, Black History Observance Wakefield High School Arlington, VA

15). February 28, 1990 - Speaker, COPE-Legislative Institute Amalgamated Clothing & Textile Workers, Washington, D.C.

16). March 5, 1990 - Speaker, Assembly Program Gibbs Elementary School

Bentonia, MS

17). March 6, 1990 - Speaker, Washington Mission United Jewish Appeal Federation Washington, D.C.

18). March 9, 1990 - Speaker, Assembly Program William Sullivan High School Durant, MS

19). March 10, 1990 - Speaker, Annual Meeting National Association of Black Journalist, Jackson, MS

20). March 19, 1990 - Speaker, Luncheon Meeting Combined Rotary & Lions Clubs Clarksdale, MS

21). March 19, 1990 - Speaker, Assembly Program Ockerst Jr. High School Clarksdale, MS

22). March 24, 1990 - Speaker, Southern Regional Conference, Democratic Leadership Council, New Orleans, LA

23). March 24, 1990 - Speaker, University of Mississippi Black Alumni Association Oxford, MS

24). March 28, 1990 - Speaker, Phillip Morris Capitol Hill Breakfast Series, The Washington Center, Washington, D.C.

25). April 3, 1990 - Speaker, National Operation Exodus Freedom Seder, United Jewish Appeal Washington, D.C.

26). April 4, 1990 - Speaker, California Agricultural Leaders Series, Washington, D.C.

27). April 20, 1990 - Speaker, State Conference Mississippi Financial Women's International, Inc. Greenwood, MS

28). April 21, 1990 - Speaker, Conference on Education and the Black Child, Piney Woods School Jackson, MS

29). April 21, 1990 - Speaker, Newsmakers Luncheon Associated Press Broadcaster Assoc. Jackson, MS

30). April 22, 1990 - Speaker, Earth Day Celebration Jackson, MS

31). April 30, 1990 - Speaker, Washington County Law Day Celebration, Greenville, MS

32). May 4, 1990 - Speaker, Networking Segment Mississippi Black Professional Conference, Biloxi, MS

33). May 7, 1990 - Speaker, Biennial Statewide Convention, Mississippi AFL-CIO Jackson, MS

34). May 11, 1990 - Speaker, League of Cities Meeting Jackson Mississippi City Council Jackson, MS

35). May 12, 1990 - Speaker, Commencement

Alcorn State University
Lorman, MS

36). May 18, 1990 - Speaker, National Black Graduate Students Conference, Stennis Center for Public Policy, Itta Bena, MS

37). May 20, 1990 - Speaker, Commencement
Hinds Community College
Utica, MS

38). May 21, 1990 - Speaker, Youth Awards Ceremony
Meridian, Mississippi Jaycees
Meridian, MS

39). May 27, 1990 - Speaker, Commencement
Ruleville High School
Ruleville, MS

40). June 1, 1990 - Speaker, Luncheon Program
American Council on Germany and the Robert Bosch Foundation
Natchez, MS

41). June 3, 1990 - Speaker, Commencement
Rosa Fort High School
Tunica, MS

42). June 8, 1990 - Speaker, Employee Recognition Series
South Central Bell
Jackson, MS

43). June 11, 1990 - Speaker, Installation Banquet
B'nai Brith International
Bolixi, MS

44). June 22, 1990 - Speaker, Conference of Infant Mortality, Jackson, MS

45). June 23, 1990 - Speaker, Mississippi Press Assoc. Conference, Biloxi, MS

46). June 29, 1990 - Speaker, Golden Triangle Mentor Program, Stennis Center for Public Policy, Starkville, MS

47). June 30, 1990 - Speaker, Anti-Drug Awareness Program
Galilee Baptist Church
Lexington, MS

48). July 19, 1990 - Speaker, Capitol Hill Workshop
Governmental Affairs Division
Office of Personnel Management
Washington, D.C.

49). July 20, 1990 - Speaker, Annual Farm Day
Madison County Farmers Association
Canton, MS

50). July 28, 1990 - Speaker, National Alumni Banquet
Mississippi Valley State University
Itta Bena, MS

51). August 21, 1990 - Speaker, Employee Development Series
Mississippi Chemical Corporation
Yazoo City, MS

52). August 23, 1990 - Speaker, Open House Ceremony
South Delta Housing Authority
Mayersville, MS

53). September 4, 1990 - Speaker, Greenville Kiwanis Club

Greenville, MS

54). September 5, 1990 - Speaker, Madison United Methodist Church, Madison, MS

55). September 8, 1990 - Speaker, Leadership Madison County 1990 Inaugural Class Madison, MS

56). September 14, 1990 - Speaker, Luncheon Grenada Lions Club Grenada, MS

57). September 24, 1990 - Speaker, Weddington Elementary School, Greenville, MS

58). October 3, 1990 - Speaker, Southern Society of Georgetown University Washington, D.C.

59). October 29, 1990 - Speaker, Agricultural Cooperative Development International Board Meeting, Jackson, MS

60). October 31, 1990 - Speaker, Luncheon American Society of Civil Engineers Vicksburg, MS

61). November 1, 1990 - Speaker, Greenville Rotary Club Greenville, MS

62). November 4, 1990 - Speaker, Mass Service St. Mary's Catholic Church Vicksburg, MS

63). November 30, 1990 - Speaker, Industrial Development Conference, Delta Council Jackson, MS

Reporting Individual's Name
A. Michael Espy

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	Food, Research and Action Center, Washington, DC
Board of Trustees	Stennis Center for Public Service, Starkville, MS
Member - Board of Regents	Santa Clara University - Santa Clara, CA

See Attachment A-5(a)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☑

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☑

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Mike Espy

DATE (Month, Day, Year)
May 17, 1991

GPO 1991 37-688 (m)

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

A. Michael Espy
(Full Name)

103 Lakepointe Drive
Madison, Mississippi 39110
(Mailing Address)

Filer Status: ☑ Member of the U.S. House of Representatives State: MS District: 2nd ☐ Officer or Employee Employing Office: ______

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Farm Bureau Federation (Jan. 9, 1990)	Speech	$2000	
	Vanderbilt University, Nashville, TN (Jan. 23, 1990)	Speech	$2000	
	Alcorn State University Alumni, DC (Feb. 24, 1990)	Speech	$2000	
	PM Editorial Services, Washington DC. (Feb. 28, 1990)	Issues Statement	$500	
	Tobacco Institute, Washington, DC. (March 13, 1990)	Speech	$2000	X
	Southern University, New Orleans, LA (May 5, 1990)	Speech	$2000	
	National Bar Assoc. Region V, New Orleans, LA (May 19, 1990)	Speech	$500	
	American Nuclear Energy Council, Washington DC. (June 21, 1990)	Speech	$300	
	W. Harold Flowers Law Society, Hot Springs, AK (June 22, 1990)	Speech	$1000	
	National Assoc. of Tobacco Distributors, Washington, D.C. (July 11, 1990)	Speech	$2000	

For additional earned income, use next page

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Reporting Individual's Name

A. Michael Espy

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Farmers Rice Cooperative, Gridley, CA (Aug. 25, 1990)	Speech	$1500	
Waste Management, Inc. Oakbrook, IL (Aug. 31, 1990)	Speech	$2000	
Winston-Salem Urban League, Winston-Salem, NC (Sept. 6, 1990)	Speech	$1000	
RJR Nabisco, Winston-Salem, NC (Sept. 7, 1990)	Speech	$2000	
Hecht, Spencer & Assoc. Washington, DC (Oct. 26, 1990)	Speech	$1000	
National Restaurant Assoc. Washington, DC. (Nov. 29, 1990)	Speech	$1000	
Springfield Urban League, Springfield, IL (Dec. 3, 1990)	Speech	$2000	
Tuskegee University, Tuskegee, AL (Dec. 3, 1990)	Speech	$3000	
Sun-Diamond Growers, Inc. Pleasanton, CA (Dec. 20, 1990)	Speech	$2000	

Attachment A-4(a)

Financial Disclosure 1990 continue...

A. MICHAEL ESPY

PART VII -"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Dates	Description
Mt. Olive M.C. Church Anniston, AL	6-17-90	Travel from Jackson to AL
Chinese National Association for Industry & Commerce Taipei, Taiwan	8/5-12/90	Travel from Jackson to Taipei, Taiwan
North Carolina Central Univ. Raleigh, N.C.	9-22-90	Travel from Jackson to N.C.
St. Augustine College Raleigh, N.C.	11-2-90	Travel From Jackson to N.C.

Attachment A-5(a)

Financial Disclosure 1990 reporting period

A. MICHAEL ESPY

PART VIII - POSITIONS, Continue

Positions	Name of Organization
Member-Board of Trustees	Project VOTE! Washington, D.C.
Member-Board of Trustees	Congressional Management Foundation Washington, D.C.

Reporting Individual's Name
A. Michael Espy

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).																										
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	185 Main Street, Dover, Delaware				X							X								X							
	U.S. House of Representatives (salary)																										
	Equivest Insurance Co.	X											X						X								
	Gulf Holdings Inc.	X									X								X								
	Duplex Housing Yazoo City, MS		X									X								X							
	Wright-Patterson Fed. Credit Union (savings)			X															X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
A. Michael Espy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name

A. Michael Espy

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☑

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
A. Michael Espy

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Public Broadcasting Systems	Video Tapes "Civil WAR Series"	$180^{00}

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Cannell, Rice & Sugar		JAN 14-16, 1990	Roundtrip Air Travel from MS to Republic of Zaire, plus lodging + meals	
Ft. Valley State College		Feb. 13, 1990	Roundtrip Airfare from MS to Atlanta, GA, plus lodging + meals	
Aspen Institute		April 11-15, 1990	Roundtrip Airfare from MS to Bermuda, plus lodging + meals	
United Church Assembly		May 27, 1990	Roundtrip Airfare from Jackson, MS to Memphis, TN	
National Rifle Association		June 9, 1990	Roundtrip Travel from Jackson to Anaheim, CA, lodging + meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

See attachment A-4(A)

Reporting Individual's Name
A. Michael Espy

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	Food, Research and Action Center, Washington, DC
Board of Trustees	Stennis Center for Public Service, Starkville, MS
Member - Board of Regents	Santa Clara University - Santa Clara, CA

See attachment A-5(a)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☐ NA ☑

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☐ NA ☑

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Mike Espy	May 17, 1991

GPO 1991 37-580

Financial Disclosure A-5

please list

Mike Espy
U.S. Representative
2nd District Mississippi
1990 Non-Honoraria Speeches

Financial Disclosure Report 1990 Reporting Period

1). January 8, 1990 - Speaker, Anti-Drug Awareness Program
Central High School
Little Rock, Arkansas
2). January 22, 1990 - Speaker, Martin Luther King Day
St. Andrews Elementary School
Jackson, MS
3). January 22, 1990 - Speaker, Martin Luther King Day
St. Andrews High School
Jackson, MS
4). January 24, 1990 - Speaker, Martin Luther King Day
Observance, U.S. Census Bureau
Suitland, MD
5). January 26, 1990 - Speaker, Marking Luther King Day
Mississippi School for Math & Science, Columbus, MS
6). Februrary 11, 1990 - Speaker, Black History Celebration
Mt. Center Baptist Church
Flora, MS
7). February 12, 1990 - Speaker, Black History Celebration
Rowan Jr. High School
Jackson, MS
8). Februrary 12, 1990 - Speaker, Black History Observance
Mississippi College School of Law
Jackson, MS
9). Februrary 14, 1990 - Speaker, Black History Celebration
Johns Hopkins Elementary School
Jackson, MS
10). February 14, 1990 - Speaker, Black History Observance
Alcorn State University
Lorman, MS
11). February 18, 1990 - Speaker, Black History Program
Spring Banner Baptist Church
Pace, MS
12). February 19, 1990 - Speaker, MS State Legislature
State House Agriculture Committee
Jackson, MS
13). February 23, 1990 - Speaker, State Conference
Communication Workers of America
Jackson, MS
14). February 28, 1990 - Speaker, Black History Observance
Wakefield High School
Arlington, VA
15). February 28, 1990 - Speaker, COPE-Legislative Institute
Amalgamated Clothing & Textile Workers, Washington, D.C.
16). March 5, 1990 - Speaker, Assembly Program
Gibbs Elementary School

	Bentonia, MS
17). March 6, 1990	- Speaker, Washington Mission United Jewish Appeal Federation Washington, D.C.
18). March 9, 1990	- Speaker, Assembly Program William Sullivan High School Durant, MS
19). March 10, 1990	- Speaker, Annual Meeting National Association of Black Journalist, Jackson, MS
20). March 19, 1990	- Speaker, Luncheon Meeting Combined Rotary & Lions Clubs Clarksdale, MS
21). March 19, 1990	- Speaker, Assembly Program Ockerst Jr. High School Clarksdale, MS
22). March 24, 1990	- Speaker, Southern Regional Conference, Democratic Leadership Council, New Orleans, LA
23). March 24, 1990	- Speaker, University of Mississippi Black Alumni Association Oxford, MS
24). March 28, 1990	- Speaker, Phillip Morris Capitol Hill Breakfast Series, The Washington Center, Washington, D.C.
25). April 3, 1990	- Speaker, National Operation Exodus Freedom Seder, United Jewish Appeal Washington, D.C.
26). April 4, 1990	- Speaker, California Agricultural Leaders Series, Washington, D.C.
27). April 20, 1990	- Speaker, State Conference Mississippi Financial Women's International, Inc. Greenwood, MS
28). April 21, 1990	- Speaker, Conference on Education and the Black Child, Piney Woods School Jackson, MS
29). April 21, 1990	- Speaker, Newsmakers Luncheon Associated Press Broadcaster Assoc. Jackson, MS
30). April 22, 1990	- Speaker, Earth Day Celebration Jackson, MS
31). April 30, 1990	- Speaker, Washington County Law Day Celebration, Greenville, MS
32). May 4, 1990	- Speaker, Networking Segment Mississippi Black Professional Conference, Biloxi, MS
33). May 7, 1990	- Speaker, Biennial Statewide Convention, Mississippi AFL-CIO Jackson, MS
34). May 11, 1990	- Speaker, League of Cities Meeting Jackson Mississippi City Council Jackson, MS
35). May 12, 1990	- Speaker, Commencement

Alcorn State University
Lorman, MS

36). May 18, 1990 - Speaker, National Black Graduate
Students Conference, Stennis Center
for Public Policy, Itta Bena, MS

37). May 20, 1990 - Speaker, Commencement
Hinds Community College
Utica, MS

38). May 21, 1990 - Speaker, Youth Awards Ceremony
Meridian, Mississippi Jaycees
Meridian, MS

39). May 27, 1990 - Speaker, Commencement
Ruleville High School
Ruleville, MS

40). June 1, 1990 - Speaker, Luncheon Program
American Council on Germany and the
Robert Bosch Foundation
Natchez, MS

41). June 3, 1990 - Speaker, Commencement
Rosa Fort High School
Tunica, MS

42). June 8, 1990 - Speaker, Employee Recognition Series
South Central Bell
Jackson, MS

43). June 11, 1990 - Speaker, Installation Banquet
B'nai Brith International
Bolixi, MS

44). June 22, 1990 - Speaker, Conference of Infant
Mortality, Jackson, MS

45). June 23, 1990 - Speaker, Mississippi Press Assoc.
Conference, Biloxi, MS

46). June 29, 1990 - Speaker, Golden Triangle Mentor
Program, Stennis Center for
Public Policy, Starkville, MS

47). June 30, 1990 - Speaker, Anti-Drug Awareness Program
Galilee Baptist Church
Lexington, MS

48). July 19, 1990 - Speaker, Capitol Hill Workshop
Governmental Affairs Division
Office of Personnel Management
Washington, D.C.

49). July 20, 1990 - Speaker, Annual Farm Day
Madison County Farmers Association
Canton, MS

50). July 28, 1990 - Speaker, National Alumni Banquet
Mississippi Valley State University
Itta Bena, MS

51). August 21, 1990 - Speaker, Employee Development Series
Mississippi Chemical Corporation
Yazoo City, MS

52). August 23, 1990 - Speaker, Open House Ceremony
South Delta Housing Authority
Mayersville, MS

53). September 4, 1990 - Speaker, Greenville Kiwanis Club

Greenville, MS
54). September 5, 1990 - Speaker, Madison United Methodist Church, Madison, MS
55). September 8, 1990 - Speaker, Leadership Madison County 1990 Inaugural Class
Madison, MS
56). September 14, 1990 - Speaker, Luncheon
Grenada Lions Club
Grenada, MS
57). September 24, 1990 - Speaker, Weddington Elementary School, Greenville, MS
58). October 3, 1990 - Speaker, Southern Society of Georgetown University
Washington, D.C.
59). October 29, 1990 - Speaker, Agricultural Cooperative Development International Board Meeting, Jackson, MS
60). October 31, 1990 - Speaker, Luncheon
American Society of Civil Engineers
Vicksburg, MS
61). November 1, 1990 - Speaker, Greenville Rotary Club
Greenville, MS
62). November 4, 1990 - Speaker, Mass Service
St. Mary's Catholic Church
Vicksburg, MS
63). November 30, 1990 - Speaker, Industrial Development Conference, Delta Council
Jackson, MS

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 12:54
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Lane A. Evans
(Full Name)

1516 - 37th Street
(Mailing Address)
Rock Island, IL 61201

Filer Status	☒ Member of the U.S. House of Representatives	State: Illinois District: 17	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC (Office Use Only) (5)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Lane A. Evans

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A–3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								
	George Wash. Credit Union Accounts			X									X								X						X
	182 Main Street, Dover, Delaware				X							X								X							
	2721 - 8½ Avenue, Rock Island, IL			X								X								X							
	406 S. Capitol St., SE, Washington, DC						X					X										X					
	Plow and Planter Employees ~~Credit Union, IRA, Moline IL~~		X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name

Lane A. Evans

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Midland Mortgage Company, Dallas, TX	Mortgage on 406 S. Capitol St.				x			
	Riggs Bank, Washington, DC	Mortgage on 406 S. Capitol St.		x					

Reporting Individual's Name
Lane A. Evans

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chicago Board of Trade	Apr.29-30, 1990	Roundtrip air from Wash. DC to Chicago, 1 day food and lodging	
Parliamentarians Global Action	June 4, 1990	Rountrip air from Wash. DC to New York, plus ground transportation and lunch	
National Association of Letter Carriers	June 22, 1990	Roundtrip air from Wash. DC to Chicago	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Lane A. Evans

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Illinois Public Action Council, Chicago, IL
Founder	Democrats 2000, Washington, DC
Director	Skills, Inc., Moline, IL

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Lane Evans	May 15, 1991

GPO: 1991 27-085 (w)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1980

FORM A
For use by Members, officers, and employees

RECEIVED
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1981 MAY 16 AM 8 54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Eni F. H. Faleomavaega
(Full Name)

413 Cannon Bldg.
Washington D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: District: Am. Samoa	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

MC (Office Use Only) 5

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1980)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1980)	Article	$500	
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	U.S. Army Reserve (Ready Reserves)	ready reserve U.S. Army	4,000.00	
	U.S. House of Representatives		125,000.00	

For additional earned income, use next page

Financial Disclosure A-1

Reporting Individual's Name
Faleomavaega

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Faleomavaega

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Faleomavaega

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Faleomavaega

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Eni Faleomavaega	15 May 1991

GPO: 1991 27-000 (ee)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 AM 10 06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HON DANTE B. FASCELL
(Full Name)

2354 Rayburn Building
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: FLORIDA District: 19TH	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Jorden, Schulte & Burchette	Consultant Fees	$13,125	
	Blackwell & Walker	Salary	$ 6,000	
	Social Security (DBF)	Benefits	$13,114	
	Social Security (JMF)	Benefits	$ 5,693	

For additional earned income, use next page

Reporting Individual's Name

HON. DANTE B. FASCELL

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Signature Gardens K-1, Miami, FL	X											X						X								
			Sun Bank (Money Market), Miami, FL	X											X						X								
			Sun Bank (C.D.), Miami, FL					X							X									X					
			U.S. Treasury (Sergeant at Arms)					X							X									X					
S			U.S. Treasury (Signet Bank) Arlington, VA				X								X									X					
S			U.S. Treasury (Signet Bank) "				X								X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

HON. DANTE B. FASCELL

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)																										
	Congressional Federal Credit Union .						X						X										X				
S	First Natl Bank South Miami		X										X						X								
S	Signet Bank (Savings Account)Arlington, VA		X										X							X							
S	Great Western Bank, Miami, FL			X									X						X								
S	Capital Holding Corporation, First Chicago Trust Co., NY NY				X						X									X							
	Sun Trust Banks, Atlanta, GA				X						X										X						
	Florida Power & Light Group, Juno Beach FL			X							X										X						
	Interstate Bank Holding Co., Mellon Securities Trust Co., NY NY		X								X							X									
	Mid-East Oil Company, Pittsburg, PA				X												X Oil Royalties						X				
	Lot 88, Plantation at Stono Ferry Hollywood, SC			X													X-NONE	X									
	Hilton Head Apartment, Springwood Villas, Unit #25, Hilton Head Island, SC			X													X-NONE	X									
	Chevy Chase, Amerifirst Federal S&L, FL Federal Savings, New York Life Insurance Co., Centrust Bank, Kentucky Heritage-K-1 & Elxsi Stock -- These items not reported because they did not meet the threshold requirement.																										

Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Condominium-Gardens of Kendall, Mortgage on Property 10975 SW 107 Street, Unit 207, Miami, FL 33173		X		4-9-90		X					
	Florida Federal Savings (500 Shares) (Stock has depreciated to no value	X			3-22-90	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Sun Bank, Miami, FL	Letter of Credit (Paid 3/91)			X				
JT	Pan American Bank, P.O. Box 112009, Miami, FL 33111-2009	Mortgage on 10975 SW 107 Street, Miami, FL Unit 207		X					

Reporting Individual's Name
HON. DANTE B. FASCELL

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Danny Thompson Memorial Golf Tournament, Sun Valley, Idaho	Shoes, Jacket, Cap, Shirt, Golf Balls and Carry Bag	$170

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Danny Thompson Memorial Golf Tournament, Leukemia Fundraiser		Aug. 23-26	Roundtrip Air from Wash, D.C. to Sun Valley, Idaho, 3 days food & Lodging	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

HON DANTE B. FASCELL

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Limited Partner	Signature Gardens, Ltd.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Dante B. Fascell	May 14, 1991

DANTE B. FASCELL, Member of Congress

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 PM 4:18
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Harris W. Fawell
(Full Name)

444 South Sleight Street
Naperville, IL 60540
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: IL District: 13th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State of Illinois	Pension	$16,974	
	Real Estate Agent (Spouse)	Commissions	NA	
	State of Illinois Teacher Fund (Spouse)	Pension	NA	
	National Assn. of Manufacturers (7/12/90)	Honorarium	$500	
	Waste Management, Inc. (12/20/90)	Honorarium	$2000	X
	International Mass Retail Assn. (6/27/90)	Honorarium	$1500	X ($500)
	Spiegel, Inc. (5/22/90)	Honorarium	$2000	
	Chicago Mercantile Exchange (4/16/90)	Honorarium	$1500	X
	Chicago Board of Trade (4/19/90)	Honorarium	$1500	
	Financial Executives Institute (9/19/90)	Honorarium	$600	X

For additional earned income, use next page

Reporting Individual's Name
Harris W. Fawell

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
KMS Fusion, Inc. (12/17/90)	Honorarium	$2000	X
India Medical Assn. (11/90)	Honorarium	$500	X
Institute of Internal Auditors (2/12/90)	Honorarium	$200	X

Reporting Individual's Name

Harris W. Fawell

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	162 Main Street, Dover, Delaware				X							X								X							
	Sch. Dist. 204 Bonds		X										X						X								
	First Col. Bnk of DuPage Co.Stock (Formerly First Sec. Glendl Hts)	X									X							X									
	Lake Shore Bancorp Stock			X							X									X							
	Harris Bank Naperville IRAs			X									X							X							
	Equitable Life Assurance Soc. (deferred inc.-retirement prgm)						X						X										X				
	RRB Bedford Money Market(replace Gruntel and Home Cash Reserves)	X											X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
Harris W. Fawell

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Harris Bank Naperville Money Market				X								X							X							
	101 Washington Office Building					X						X										X					
	121 Venture Office Building			X								X									X						
	905 Hickory residence (spouse as Trustee for mother)					X						X								X							
	Michigan real estate mortgage			X									X								X						
	Beaver Island, MI, real estate					X						X									X						
	Travelers Life Ins. (Spouse retirement fund) deferred income					X							X									X					
	Nalco stock		X								X								X								
	Harris Bank Naperville money market (spouse, J/T with mother)		X										X							X							
	Kankakee Water Works bond		X										X						X								
	Northwestern Life Ins. policy	X											X						X								
	Sales Agreement (Fawell, James & Brooks)		X											X									X				

Reporting Individual's Name

Harris W. Fawell

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Sales Agreement (Fawell, James and Brooks) debt pd. off		X		8-17-90		X					
	National Western Life common stock (loss)		X		7-5-90	X						
	Bell South stock (in name of spouse and mother)		X		4-25-90	X						
	U.S. West stock (in name of spouse and mother)		X		4-25-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Harris Bank/Naperville	Mortgage on office building					X		
	Harris Bank/Naperville	Mortgage on office building		X					

Reporting Individual's Name
Harris W, Fawell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute Princeton Conference	2/22/90- 2/24/90	Transportation from Washington, D.C. to Princeton, N.J., meals and housing for spouse also.	
		Estimated value by Congressional Institute $533.60	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Harris W. Fawell

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	North Central College, Naperville, IL (not for profit corporation)
Board Member	Institute for Illinois, Chicago, IL (not for profit corporation)
Board Member	Wellness Community, Hinsdale, IL (not for profit corporation)
Board Member	The Illinois Coalition, Chicago, IL (not for profit corporation)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Harris W Fawell	DATE (Month, Day, Year) 5/14/91

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 2 15
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

VICTOR H. FAZIO, JR. (Full Name)

2113 Rayburn House Office Building
Washington, D.C. 20515 (Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 4th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑪

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$8,000	
Fairfax County Board of Education	Spouse Salary	NA	
Building & Construction Trades (Jan. 15)	Honorarium	$ 2,000	
Atlantic Richfield Co. (Jan. 23)	Honorarium	2,000	
Gold & Liebengood (Jan. 22)	Honorarium	1,000	
American Health Care Assn. (Jan. 23)	Honorarium	2,000	
Independent Oil Producers Agency (Feb. 5)	Honorarium	500	
MacPherson Oil Co. (Feb. 5)	Honorarium	250	
Petro Minerals Corp. (Feb. 5)	Honorarium	250	
Nat'l Assn. of Wholesaler-Distributors (Feb. 16)	Honorarium	2,000	
Philip Morris Management Corp. (Mar. 12)	Honorarium	1,000	
Turner Broadcasting Systems, Inc. (Mar. 16)	Honorarium	200	

For additional earned income, use next page

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
International Industrial Symposium on the Super Collider (Apr. 20)	Honorarium	$ 2,000	
California Grocers Assn. (Mar. 27)	Honorarium	500	
National Education Assn. (Apr. 16)	Honorarium	2,000	
Prudential Insurance Co. (May 3)	Honorarium	2,000	
International Union of Operating Engineers (Apr. 2)	Honorarium	2,000	
International Assn. of Bridge, Structural and Ornamental Iron Workers (Apr. 3)	Honorarium	2,000	
U.S. Wind Power (check rec'd 5/1/90 for event in '89)	Honorarium	1,000	
Wine Institute (May 18)	Honorarium	1,000	
Blue Cross & Blue Shield Assn. (May 23)	Honorarium	1,000	
Health R Us (May 23)	Honorarium	1,000	
Wine and Spirits Wholesalers of America, Inc. (Sep. 21)	Honorarium	2,000	
Chicago Research and Trading, Ltd. (June 4)	Honorarium	2,000	
Distilled Spirits Council (July 11)	Honorarium	2,000	
California Assn. of Tobacco and Candy Distributors, Inc. (July 10)	Honorarium	1,500	
National Spa and Pool Institute (July 19)	Honorarium	2,000	
American Insurance Assn. (July 20)	Honorarium	2,000	
R. Duffy Wall & Assoc., Inc. (July 25)	Honorarium	2,000	
Capital Legislative Serivces, Inc. (Sep. 27)	Honorarium	2,000	
Burson-Marsteller (Nov. 15)	Honorarium	1,000	
Ocean Spray Cranberries, Inc. (Dec. 6)	Honorarium	2,000	

Page 2 of 11 pages

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Northrop Corp. (Dec. 31)	Honorarium	$ 2,000	
Verner, Liipfert, Bernard, McPherson and Hand (Dec. 18)	Honorarium	2,000	
TOTAL AMOUNT OF HONORARIA RECEIVED		$ 48,200	
TOTAL AMOUNT PAID TO CHARITY			$ 21,350
Center for National Policy (spcuse)	Salary	NA	

Page 3 of 11 pages

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	354 Bridge Pl., W. Sacramento, CA				X							X										X					
	MLPFS CMA Fund (Money Account)			X									X						X								
	CA State Bonds		X								X								X								
	AFC Cherokee Housing Partners			X									X							X							
	LA County M.L. King Hospital Bonds		X								X								X								
	Northern CA Public Power Agency Bonds		X								X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

VICTOR H. FAZIO, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Bakersfield, CA Redevelopment Agency Bonds		X								X								X								
	First Federal Michigan CMA (closed 3/90)																										
DC	MLPFS Trust-Dana Fazio savings		X										X						X								
DC	" -Anne Fazio savings			X									X							X							
DC	" -Kristie Kern savings		X										X						X								
	SEP/IRA MLPFS - self consisting of:																										
	Comstock Prtnrs Strtegy Fd		X								X								X								
	ML Euro Fund		X								X							X									X
	ML Special Value Fund	X									X							X									
	Transamerica Fin. Corp.		X								X							X									
	Baltimore Gas & Elect.		X								X							X									X
	Delmarva Power & Light		X								X							X									X
	U.S. Treas. Strips		X								X							X									
	Resolution Funding Corp.		X								X							X									X
	CD Imp. Sav.		X										X					X									

Page 5 of 11 pages

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
VICTOR H. FAZIO, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CD Glendale Fed		X										X						X								
	CD United Sav.		X										X						X								
	CD Coast Fed. Bank		X										X						X								
	CD Homestead Sav. Fed.		X										X					X									
S	IRA MLPFS - spouse consisting of:																										
	Transamerica Fin. Corp		X								X							X									
	ML SHT TRM GLBL		X								X							X									X
	Wisc. Power & Light		X								X							X									X
	CD Citibank SD		X										X					X									
	CD Glendale Fed.		X										X						X								
	CD United Sav. Assn.		X										X					X									
	CD Homestead Sav. Fed.		X										X					X									
	Sale of childhood collection			X										X									X				
	of Baseball Cards to Brokerage International,																										
	Laurel, Maryland																										

Page 6 of 11 pages

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	IRA - MLPFS transactions:											
	ML Euro Fund	X			4/2	X						
	Baltimore Gas & Elect.	X			3/30	X						
	Delmarva Power & Light	X			8/3	X						
	Resolution Fund Corp.	X			5/29	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	San Francisco Federal Savings	Mortgage (354 Bridge Place, W. Sacramento, CA)		X					
	AFC Cherokee Housing Partners	Promissory Notes for Future Interest	X						

** CONTINUATION SHEET **

Reporting Individual's Name

VICTOR H. FAZIO, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 + $1,000,000	H Over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Gilbraltar Sav. CD		X		7/30	X						
S	IRA - MLPFS (spouse) transactions:											
	CD Gilbraltar Sav.		X		7/30	X						
	Wisc. Power & Light	X			8/2	X						
	ML SHT TRM GLBL	X			8/3	X						
	AFC Cherokee Housing Partner - purchase interest	X			2/90	X						

Page 8 of 11 pages

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
IMPAC 2000		1/14	Airfare DC/Palm Springs	
Atlantic Richfield Co.		1/15 - 1/19	Airfare Palm Springs/LAX; LAX to Sacramento; Sacramento/DC	
International Industrial Symposium on Super Collider		3/15 - 3/16	Airfare DC/Miami; Miami/Sacramento Lodging for 1 night	
Prudential Insurance Co.		3/29 - 3/30	Airfare DC/Newark/LaGuardia/DC Lodging for 1 night for self & spouse	
Wine and Spirits Wholesalers of America, Inc.		5/13 - 5/14	Airfare Sacramento/San Francisco/DC Lodging for 1 night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
VICTOR H. FAZIO, JR.

CONTINUATION SHEET

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chicago Research & Trading Gp.		5/29	Airfare DC/Chicago/Sacramento	
Campbell-Raupe, Inc.		7/5 - 7/8	Airfare DC/Hyannis/DC Lodging & food for 3 days for self & spouse	
Transmission Agency of Northern California		10/12 - 10/15	Airfare DC/San Francisco (10/15) Airfare Sacramento/DC (10/15)	
California-Oregon Transmission Project		10/15	Airfare Sacramento/Redding/Sacramento	

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Junior Statesmen Foundation
Director	Asthma and Allergy Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Victor H. Fazio Jr	5/15/91

GPO 1991 37-390

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 6:46
[illegible]
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Edward F. Feighan
(Full Name)

1124 Longworth HOB
Washington, D.C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: Ohio District: 19th ☐ Officer or Employee Employing Office: ________

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ________

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	(Please see addendum)			

For additional earned income, use next page

Congressman Edward F. Feighan
Financial Disclosure Statement for Calendar Year 1990
Addendum I
May 15, 1991

PART I - EARNED INCOME

Source	Type	Amount	Charity
ASCAP, New York, NY Airfare: Cleveland-NYC-Cleveland (12/27/90) Donated to the following charities: St. Edward High School, Lakewood, Ohio.........$350 St. Luke Church, Lakewood, Ohio................$300 Jewish Community Federation, Cleveland, Ohio...$250 Our Lady of the Wayside, Cleveland, Ohio.......$250	honoraria	$2,000.00	X
American Insurance Association, Washington, D.C. (12/19/90)	honoraria	$2,000.00	
American International Group, New York, NY Airfare: Cleveland-New York-Cleveland (11/6/90)	honoraria	$2,000.00	
American Medical Association of Washington, D.C. Airfare: Cleveland-Miami-Cleveland; Lodging: one night (1/20/90)	honoraria	$1,000.00	
Chicago Board of Trade, Chicago, IL (2/5/90)	honoraria	$750.00	
Chicago Mercantile Exchange, Chicago, IL Airfare: Cleveland-Chicago-Cleveland (2/5/90)	honoraria	$750.00	
Committee for a Free Vietnam, Washington, D.C. Airfare: Cleveland-San Jose-Cleveland; Lodging: one night (11/21/90)	honoraria	$1,000.00	
Electronics Industries Association of Washington, D.C. in Anapolis, MD (9/14/90)	honoraria	$1,000.00	
Food Marketing Institute of Washington, D.C. Airfare: Cleveland-Sarasota, FL-Washington Lodging: one night (12/2/90)	honoraria	$2,000.00	

Congressman Feighan
Addendum I-a
Part I, continued
May 15, 1991

Source	Type	Amount
Hudson Valley Political Action Committee, Spring Valley, NY Airfare: D.C.-NYC-Cleveland; Lodging: one night (5/3/90)	honoraria	$1,500.00
MCI, Washington, D.C. (2/13/90)	honoraria	$1,000.00
Mallinckrodt Inc., St. Louis, MO Airfare: Cleveland-St. Louis-Cleveland (6/18/90)	honoraria	$1,000.00
National Association of Realtors of Washington, D.C. Airfare for Mr. and Mrs. Feighan: Cleveland-New Orleans-Cleveland Lodging: four nights (11/8/90 - 11/12/90)	honoraria	$2,000.00
National Broadcasting Association of Washington, D.C. Airfare: Cleveland-Atlanta-Cleveland Lodging: one night (3/31/90)	honoraria	$2,000.00
National Erectors Association, Washington, D.C. (date?)	honoraria	$750.00
Ohio D.R.I.V.E., Ohio Conference of Teamsters Sandusky, Ohio (8/20/90)	honoraria	$2,000.00
Ohio Bell Telephone, Cleveland, Ohio (2/12/90)	honoraria	$1,000.00
Philip Morris Corp., Washington, D.C. (3/16/90)	honoraria	$1,000.00
Van Kloberg & Associates, Washington, D.C. (2/23/90)	honoraria	$1,000.00
Van Kloberg & Associates, Washington, D.C. (11/28/90)	honoraria	$2,000.00

Reporting Individual's Name
Edward F. Feighan

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	(Please see addendum)																										

For additional assets and unearned income, use next page

Congressman Edward F. Feighan
Financial Disclosure Statement for Calendar Year 1990
Addendum II and III
May 15, 1991

PARTS II AND III - ASSETS AND "UNEARNED INCOME"

Block A	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Category of Value (X)								[illegible]	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
Advanced Micro Devices (common stock)		X																								
Ameritrust, Cleveland, Ohio			X									X								X						
Canal Property Corp:																										
Alexander Road, vacant land, Walton Hills, Ohio		X																								
Carriage Hills Partners; stock; (Carriage Hills development, Morley Road, Concord, Ohio)				X									X							X						X
Great Trails Commerce Park, Wooster, Ohio		X																								
Home & Hillsboro Road, vacant land, Mansfield, Ohio			X																							
Rose Township, vacant land, Carroll County, Ohio			X										X									X				X
4303 Detroit Avenue, commercial building, Cleveland, Ohio			X																X							
4606 Green Road, vacant land, Cleveland, Ohio		X																								
Carney & Haims, Cleveland, Ohio													X								X					
Cleveland Brewing Co., Cleveland, Ohio				X												trademark royalties					X					
Douglas & Chamberlain Corp., common stock (improved real estate)			X																							

Congressman Feighan
Addendum II and III - a
Parts II and III, continued
May 15, 1991

Block A	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Category of Value (X)								Indicate if other-than-fair-market value method used (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	A None (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
Environmental Control Group, Inc. (common stock)			X																							X
Environmental Control Group, Inc. (note)			X																							
G.T. Global International Growth Fund (shares)		X																								
Growth Fund of America (shares)		X																								
M&N Investments (commodity futures)			X																							X
Maxus Corp. [formerly Diamond Shamrock] (common stock)		X								X							X									
McDonald Money Market Fund		X										X														
The McGillicuddy Trust (FBO Feighan children)																										
Alcoa (common stock)		X								X							X									
American Steel & Wire (common stock)		X								X							X									
Ameritrust (common stock)		X								X							X									
Bank One (common stock)		X								X							X									
National City Corp. (common stock)		X								X							X									
Oppenheimer Fund (shares)		X								X							X									
Society Corp. (common stock)		X								X							X									
Miller Road Group Corp. (stock) (vacant land, Miller Road, Brecksville, Ohio)				X																						
North Shore Gas, Ltd., Cleveland, Ohio		X														capital distribution			X							
Ohio Deferred Compensation Program		X																								

Congressman Feighan
Addendum II and III - b
May 15, 1991

Block A

	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Category of Value (X)								Indicate if other-than-market valuation method (X) [illegible]	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	A	B	C	D	E	F	G	H		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		I	II	III	IV	V	VI	[illegible]	[illegible]	[illegible]	
Oppenheimer Time Fund (shares)		X																								
Pioneer Three Inc. Fund (shares)		X																								
Ryland - GNMA certificates		X																								
13410 Edgewater, Lakewood, Ohio						X					X									X						
16501 Rockside Road Corp. (office building, Rockside Road, Maple Heights, Ohio)				✓																						

Reporting Individual's Name
Edward F. Feighan

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Carriage Hills Partners; distribution of capital gains from partial sale		X		7/31/90	X						
	Rose Township (vacant land); partial sale of land		X		7/31/90 11/27/90		X					
	Environmental Control Group; sale of stock		X		9/10/90	X						
	M&M Investments; sale of shares		X		5/21/90		X					

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Huntington National Bank, Cleveland, OH	personal loan		X					
	Ameritrust, Cleveland, Ohio	personal loan		X					
	Third Federal Savings, Cleveland, Ohio	mortgage loan on 15410 Edgewater, Lakewood, Ohio			X				

Reporting Individual's Name
Edward F. Feighan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Egyptian Cooperation		1/6-10/90	Roundtrip air travel from Cleveland to Cairo: self	
Foundation			and spouse; food and lodging: self and spouse	
NOTE: All other travel and lodging reimbursements included in Part I addendum				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Edward F. Feighan

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Cleveland Brewing Co., Cleveland, Ohio
Director	Douglas & Chamberlain Corp., Washington, D.C.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	(None)	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☒	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Edward Feighan	**DATE (Month, Day, Year)** May 15, 1991

GPO: 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Edward F. Feighan
(Full Name)

1124 Longworth HOB
(Mailing Address)

Washington, D.C. 20515

Filer Status: ☒ Member of the U.S. House of Representatives — State: Ohio — District: 19th ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

1991 MAY 15 PM 6 46
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

1991 JUL 19 AM 9 06
OFFICE OF RECORDS & REGISTRATION
RECEIVED

MC ✓ 12
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	(Please see addendum)			

For additional earned income, use next page

Financial Disclosure A-1

Congressman Edward F. Feighan
Financial Disclosure Statement for Calendar Year 1990
Addendum I
May 15, 1991

PART I - EARNED INCOME

Source	Type	Amount	Charity
ASCAP, New York, NY Airfare: Cleveland-NYC-Cleveland (12/27/90) Donated to the following charities: St. Edward High School, Lakewood, Ohio.........$350 St. Luke Church, Lakewood, Ohio................$300 Jewish Community Federation, Cleveland, Ohio...$250 Our Lady of the Wayside, Cleveland, Ohio.......$250	honoraria	$2,000.00	X
American Insurance Association, Washington, D.C. (12/19/90)	honoraria	$2,000.00	
American International Group, New York, NY Airfare: Cleveland-New York-Cleveland (11/6/90)	honoraria	$2,000.00	
American Medical Association of Washington, D.C. Airfare: Cleveland-Miami-Cleveland; Lodging: one night (1/20/90)	honoraria	$1,000.00	
Chicago Board of Trade, Chicago, IL (2/5/90)	honoraria	$750.00	
Chicago Mercantile Exchange, Chicago, IL Airfare: Cleveland-Chicago-Cleveland (2/5/90)	honoraria	$750.00	
Committee for a Free Vietnam, Washington, D.C. Airfare: Cleveland-San Jose-Cleveland; Lodging: one night (11/21/90)	honoraria	$1,000.00	
Electronics Industries Association of Washington, D.C. in Anapolis, MD (9/14/90)	honoraria	$1,000.00	
Food Marketing Institute of Washington, D.C. Airfare: Cleveland-Sarasota, FL-Washington Lodging: one night (12/2/90)	honoraria	$2,000.00	

Congressman Feighan
Addendum I-a
Part I, continued
May 15, 1991

Source	Type	Amount
Hudson Valley Political Action Committee, Spring Valley, NY Airfare: D.C.-NYC-Cleveland; Lodging: one night (5/3/90)	honoraria	$1,500.00
MCI, Washington, D.C. (2/13/90)	honoraria	$1,000.00
Mallinckrodt Inc., St. Louis, MO Airfare: Cleveland-St. Louis-Cleveland (6/18/90)	honoraria	$1,000.00
National Association of Realtors of Washington, D.C. Airfare for Mr. and Mrs. Feighan: Cleveland-New Orleans-Cleveland Lodging: four nights (11/8/90 - 11/12/90)	honoraria	$2,000.00
National Broadcasting Association of Washington, D.C. Airfare: Cleveland-Atlanta-Cleveland Lodging: one night (3/31/90)	honoraria	$2,000.00
National Erectors Association, Washington, D.C. (date?)	honoraria	$750.00
Ohio D.R.I.V.E., Ohio Conference of Teamsters Sandusky, Ohio (8/20/90)	honoraria	$2,000.00
Ohio Bell Telephone, Cleveland, Ohio (2/12/90)	honoraria	$1,000.00
Philip Morris Corp., Washington, D.C. (3/16/90)	honoraria	$1,000.00
Van Kloberg & Associates, Washington, D.C. (2/23/90)	honoraria	$1,000.00
Van Kloberg & Associates, Washington, D.C. (11/28/90)	honoraria	$2,000.00

Reporting Individual's Name
Edward F. Feighan

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			166 Main Street, Dover, Delaware				X							X								X							
	(Please see addendum)																												

For additional assets and unearned income, use next page

Congressman Edward F. Feighan
Financial Disclosure Statement for Calendar Year 1990
Addendum II and III
May 15, 1991

PARTS II AND III - ASSETS AND "UNEARNED INCOME"

Block A	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Category of Value (X)								[illegible]	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
Advanced Micro Devices (common stock)		X								X (As amended)							X (As amended)									
Ameritrust, Cleveland, Ohio			X									X								X						
Canal Property Corp:																										
Alexander Road, vacant land, Walnut Hills, Ohio		X															X (As amended)									
Carriage Hills Partners; stock; (Carriage Hills development, Morley Road, Concord, Ohio)				X									X							X						X
Great Trails Commerce Park, Wooster, Ohio		X															X (As amended)									
Home & Hillsboro Road, vacant land, Mansfield, Ohio			X														X (As amended)									
Rose Township, vacant land, Carroll County, Ohio			X										X									X				X
4303 Detroit Avenue, commercial building, Cleveland, Ohio			X							X (As amended)									X							
4606 Green Road, vacant land, Cleveland, Ohio		X															X (As amended)									
Carney & Rains, Cleveland, Ohio		X (As amended)											X								X					
Cleveland Brewing Co., Cleveland, Ohio				X												trademark royalties					X					
Douglas & Chamberlain Corp., common stock (improved real estate)			X														X (As amended)									

Congressman Feighan
Addendum II and III - a
Parts II and III, continued
May 15, 1991

Block A

	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Category of Value (X)								[illegible]	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
	A	B	C	D	E	F	G	H		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I	II	III	IV	V	VI	VII	VIII	IX	
Environmental Control Group, Inc. (common stock)			X														X (As amended)									X
Environmental Control Group, Inc. (note)			X														X (As amended)									
G.T. Global International Growth Fund (shares)		X								X (As amended)							X (As amended)									
Growth Fund of America (shares)		X								X								X (As amended)								
M&M Investments (commodity futures)			X										X (As amended)								X (As amended)					X
Maxus Corp. [formerly Diamond Shamrock] (common stock)		X								X							X									
McDonald Money Market Fund		X										X						X (As amended)								
The McGillicuddy Trust (FBO Feighan children)																										
Alcoa (common stock)		X								X							X									
American Steel & Wire (common stock)		X								X							X									
Ameritrust (common stock)		X								X							X									
Bank One (common stock)		X								X							X									
National City Corp. (common stock)		X								X							X									
Oppenheimer Fund (shares)		X								X							X									
Society Corp. (common stock)		X								X							X									
Miller Road Group Corp. (stock) (vacant land, Miller Road, Brecksville, Ohio)				X													X (As amended)									
North Shore Gas, Ltd., Cleveland, Ohio		X														capital distribution			X							
Ohio Deferred Compensation Program		X															X (As amended)									

Congressman Feighan
Addendum II and III - b
May 15, 1991

Block A

Block A	BLOCK B Valuation of Asset Category of Value (2) A	B	C	D	E	F	G	H	Indicate if alternative valuation method (3) Attach explanation	BLOCK C Income Type of Income (2) Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Income (Specify type)	Category of Amount of Income (3) I	II	III	IV	V	VI	VII	VIII	BLOCK D Transaction (4)
Oppenheimer Time Fund (shares)		X								X (As amended)								X (As amended)							
Pioneer Three Inc. Fund (shares)		X								X (As amended)								X (As amended)							
Ryland - GNMA certificates		X								X (As amended)								X (As amended)							
15410 Edgewater, Lakewood, Ohio						X					X									X					
14501 Rockside Road Corp. (office building, Rockside Road, Maple Heights, Ohio)				X													X (As amended)								

Reporting Individual's Name
Edward F. Feighan

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Carriage Hills Partners; distribution of capital gains from partial sale		X		7/31/90	X						
	Rose Township (vacant land); partial sale of land		X		7/31/90 11/27/90		X					
	Environmental Control Group; sale of stock		X		9/10/90	X						
	M&M Investments; sale of shares		X		5/21/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Huntington National Bank, Cleveland, OH	personal loan		X					
	Ameritrust, Cleveland, Ohio	personal loan		X					
	Third Federal Savings, Cleveland, Ohio	mortgage loan on 15410 Edgewater, Lakewood, Ohio			X				

Reporting Individual's Name
Edward F. Feighan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Egyptian Cooperation Foundation		1/6-10/90	Roundtrip air travel from Cleveland to Cairo: self and spouse; food and lodging: self and spouse	
NOTE: All other travel and lodging reimbursements included in Part I addendum				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

UNITED STATES HOUSE OF REPRESENTATIVES

Committee on Standards of Official Conduct

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 1989

FORM A—For use by Members, officers, and employees

Edward F. Feighan
(Full Name)

1124 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

MC

(Office Use Only)

1990 JUL 19 PM 2:17
U.S. HOUSE OF REPRESENTATIVES

Check the appropriate box and fill in the blanks.

☒ Member of the U.S. House of Representatives—District 19th State Ohio

☐ Officer or Employee—Employing Office ________

☐ Check if amended Statement.

GENERAL INFORMATION

WHO MUST FILE AND WHEN:

- Each Member in office on May 15, 1990 must file a Financial Disclosure Statement on or before May 15, 1990.
- Any officer or employee of the Legislative Branch compensated at a rate equal to or in excess of the annual rate of basic pay in effect for grade GS-16, $67,088, as of January 1, 1989, for a period in excess of 60 days in calendar year 1989 shall file a Financial Disclosure Statement on or before May 15, 1990, if he or she continues to be such an officer or employee on May 15, 1990, and receives compensation equal to or in excess of the annual rate of basic pay in effect for grade GS-16, $69,451, as of May 15, 1990.
- Any employee of a Member who has been designated as a principal assistant for purposes of the Ethics in Government Act of 1978 and who performs the duties of his or her position for a period in excess of 60 days in calendar year 1989 shall file a Financial Disclosure Statement on or before May 15, 1990, if he or she continues to be such an employee on May 15, 1990.

WHERE TO OBTAIN ASSISTANCE: Committee on Standards of Official Conduct, U.S. House of Representatives, Room HT-2, Capitol Building, Washington, D.C. 20515. Telephone No. (202) 225-7103 or 225-3787. Additional forms and instruction booklets may be obtained from the Committee office.

REPORTING INSTRUCTIONS

NOTE: Please read instructions carefully. Sign this form where indicated. Attach additional sheets if needed; identify each sheet by showing your name and the section being continued. For some categories of disclosure, a filer may attach a computer (or other) printout listing assets, such as investments, transactions, sales, etc. Such information may be obtained from financial investment (or other) organizations. In cases where such "printouts" are used, the material should be attached with an appropriate notation in the response area provided. Complete all parts. (If NONE, so indicate.) Please type or print.

REPORTING PERIOD: The period covered by this Disclosure Statement is calendar year 1989 unless otherwise indicated. *Gifts or reimbursements received during any period in the calendar year when the reporting individual was not a Member or employee need not be disclosed.*

I. SPOUSE AND DEPENDENT DISCLOSURE EXEMPTION

In general, the reporting individual is required to include financial information concerning his or her spouse or dependent children. However, in RARE CIRCUMSTANCES, WHERE ONE OR MORE FINANCIAL INTERESTS of a spouse or dependent child meets the three standards listed below, such interest need not be disclosed. Non-disclosure MUST be indicated by checking the space marked "YES". If all spousal and dependent children's financial interests are disclosed, "NO" should be checked in the space marked.

STANDARDS FOR EXEMPTION

(1) The item is the sole interest or responsibility of the spouse or dependent child, and the reporting individual has NO KNOWLEDGE of the item; and

(2) The item was not in any way, past or present, DERIVED FROM THE INCOME, ASSETS, OR ACTIVITIES of the reporting individual; and

(3) The reporting individual neither DERIVES, NOR EXPECTS TO DERIVE, any financial or economic benefit from the item.

NOTE: Only financial interests meeting all of the above three standards are exempted from disclosure, all other interests must be reported.

ARE YOU AWARE OF ANY INTERESTS IN PROPERTY OR LIABILITIES OF A SPOUSE OR DEPENDENT CHILD OR PROPERTY TRANSACTIONS BY A SPOUSE OR DEPENDENT CHILD WHICH YOU HAVE NOT REPORTED BECAUSE THEY MEET THE THREE STANDARDS FOR EXEMPTION? YES ______ NO X ______ NA ______

For more information, see detailed Instruction Booklet at page 7.

Page 3 of 3

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

REP. EDWARD F. FEIGHAN

IV. TRANSACTIONS

PURCHASES/DATE		CATEGORY
Carriage Hill Partners; 8/1/89	stock	C.
Cleveland Brewing Co., 1/5/89	stock	B.
Environmental Control Group, Cleveland, Ohio; 8/14/89	stock	C.
Miller Road Group; 7/31/89	stock	C.
Oppenheimer Trust Fund; 6/30/89	shares	B.
16501 Rockside Road Corp., Cleveland, Ohio (commercial buiding); 1/5/89	stock	D.

SALES/DATE		CATEGORY
American Steel & Wire Corp.; 4/25/89	stock	B.
Canal Property Corp.:		
[redacted], Valley View, Ohio; [redacted]		[redacted]
Entertainment Publishing Corp.; 3/10/89	stock	
Handleman Co.; 4/25/89	stock	B.
Radio Vision of America; 1/11/89	stock	B.
EW Scripps Co.; 4/25/89	stock	A.

VII. REIMBURSEMENTS

TRAVEL: SOURCE/BRIEF DESCRIPTION

American Israel Public Affairs Committee, Washington, D.C.;
Airfare: Cleveland-San Diego-Cleveland; lodging: 8/31/89; 8/31/89
American Israel Public Affairs Committee, Washington, D.C.;
Airfare: Cleveland-Orlando-Cleveland; 9/10/89
Pan-Cyprian Association, New York, New York;
Airfare for Mrs. Feighan: Cleveland-Istanbul-Athens-Cyprus-Cleveland; 8/11/89-8/20/89

NOTE: See "IIA., Income" for reimbursements related to speaking engagements.

Reporting Individual's Name
Edward F. Feighan

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Cleveland Brewing Co., Cleveland, Ohio
Director	Douglas & Chamberlain Corp., Washington, D.C.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	(None)	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Edward Feighan	**DATE (Month, Day, Year)** May 15, 1991

GPO 1991 37-488 (ss)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 AM 3:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jack Fields
(Full Name)

P.O. Box 2286
(Mailing Address)
Humble, TX 77347

Filer Status: XX Member of the U.S. House of Representatives — State: TX District: 8 ☐ Officer or Employee — Employing Office:

Report Type: XX Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

(Office Use Only)

PART I—EARNED INCOME, INCLUDING HONORARIA

NONE ☐

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if donated or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 15, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
Ashland Oil, Inc., Wash. DC	(Jan. 7-8, 1990)	Speech	$2000	
U.S. Telephone Assn, Wash. DC	(Jan. 12, 1990)	Speech	$1000	
Nat'l Assn of Broadcasters, Wash. DC	(Jan. 12, 1990)	Speech	$2000	
Nat'l Cable TV Assn, Wash. DC	(Jan. 13, 1990)	Speech	$1500	
Dutko and Asso., Wash. DC	(Jan. 19, 1990)	Speech/Plant tour	$1000	
Amer. Boiler Manufacturers Assn, Arlington VA	(Jan. 22, 1990)	Speech	$2000	
Executive Enterprises Inc., NY, NY	(Jan. 25, 1990)	Roundtable discussion	$1000	
Houston Mariners, Houston, TX	(Rec'd $ Feb.8,1990 for '89 speech.)	Speech	$100	
Amer. Petroleum Institute, Wash DC	(Feb. 14, 1990)	Roundtable discussion	$2000	
GTE Service Corp., Wash. DC	(Mar. 5, 1990)	Roundtable discussion	$1000	

For additional earned income, use next page

1216

Reporting Individual's Name
Jack Fields

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Securities Industries Assn, Wash DC	(Mar. 13, 1990)	Roundtable discussion	$2000	
Steel Service Center Inst., Wash DC	(Mar. 26, 1990)	Roundtable discussion	$1000	
Nat'l Assn of Broadcasters, Wash DC	(Apr. 2, 1990)	Issues Breakfast	$2000	
Connell, Rice & Sugar, Westfield, NJ	(Apr. 23, 1990)	Speech	$2000	
Amer. Carriers Telecommunications Assn., Casselberry, FLA	(Apr. 30, 1990)	Speech	$2500	
North Texas Oil and Gas Assn., Wichita Falls, Texas	(May 7, 1990)	Speech	$500	
U.S. Tobacco Co., Greenwich CT	(May 10, 1990)	Roundtable discussion	$2000	
Brown and Root, Houston, TX	(May 14, 1990)	Speech	$2000	x
Nat'l Cable TV Assn, Wash. DC	(May 20-22, 1990)	Speech	$1500	x
TX School of Business, Houston, TX	(June 6, 1990)	Speech	$500	x
Inst. of Scrap Recycling, Wash DC	(June 14, 1990)	Roundtable discussion	$1000	x
van Kloberg & Assoc., Wash DC	(June 19, 1990)	Roundtable discussion	$1000	x
Amer. President Lines, Wash DC	(July 6, 1990)	Facility tour	$1000	x
Marathon Oil, Wash. DC	(July 8, 1990)	Roundtable discussion	$2000	x
Gundell Lining, Houston, TX	(Aug. 19, 1990)	Facility tour	$1000	x
BP America, Houston, TX	(Nov. 30, 1990)	Roundtable discussion	$2000	x

Reporting Individual's Name

Jack Fields

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Rosewood Memorial Park, Inc. Stock							X																			
			Rosewood Funeral Home, Inc. Stock							X																			
			One-half unit in limited partnership with Equipment Investors II				X																						
			Rosewood Enterprises Inc., Stock				X																						
S			1310 E. James, Baytown, Texas				X							X										X					X
			Real estate partnership with Jess Fields; 14 acres; Porter, Texas					X																					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jack Fields

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X)									BLOCK C Income Type of Income (X)							Category of Amount of Income (X)									BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Rosewood Memorial Park N., Inc. Stock	X																									
	7711 Peacock, Humble, Texas			X								X									X						
	Wright Patman Congressional Credit Union		X										X						X								
	One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County Texas (formerly part of blind trust)		X														Royalty		X								
	One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (formerly part of blind trust)		X														Royalty		X								

Reporting Individual's Name

Jack Fields

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	1310 E. James, Baytown, Texas		X		7-11-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 102 Main St. Dover, Del.				X			
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock, Humble TX		X					
	First City Bank, Humble, TX	Personal Loan		X					
	Interfirst Bank, Humble, TX	Personal Loan		X					
	Wright Patman Congressional Federal Credit Union	Personal Loan		X					
S	Century Savings (taken over by Resolution Trust Corp.)	Mortgage on 1310 E. James, Baytown, TX		X					

Reporting Individual's Name
Jack Fields

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Ashland Oil, Inc.		Jan. 7-8 1990	Roundtrip aifare from Wash. DC to Kentucky; overnight lodging and meals.	
U.S. Telephone Assn		Jan.11-16 1990	Roundtrip airfare from Houston to Palm Springs, Calif; overnight lodging and meals.	
Nat'l Cable TV Assn		Jan.13-15 1990	Roundtrip aifare from Palm Springs to Los Angeles; overnight lodging, meals and entertainment.	
"		Jan.13-15 1990	Roundtrip airfare from Houston to Los Angeles for my spouse; lodging, meals and entertainment.	
Dutko and Asso.		Jan. 19, 1990	Air and ground transportation; Houston to Dallas and return to Houston.	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

REPORTING INDIVIDUAL'S NAME:
Jack Fields

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING FOOD, ENTERTAINMENT ---- CONTINUED (This one sheet only):

American Boiler Manufacturers Assn.	Jan. 21-22,.1990	Roundtrip airfare Houston to W.Palm Beach, FLA; overnight lodging and meals.
Nat'l Assn of Broadcasters	April 2, 1990	Air transportation from Houston to Atlanta, Atlanta to Washington, D.C.
Connell, Rice and Sugar	April 23, 1990	Roundtrip airfare from Wash. DC to Englewood, NJ
Amer. Carriers Telecommunications Assn.	April 29-30, 1990	Roundtrip airfare from Houston to San Antonio, overnight lodging and meals.
U.S. Tobacco Co.	May 11-12, 1990	Airfare from Dallas to W.Palm Beach, FLA and back to Houston for self and spouse; plus overnight lodging and meals.
Nat'l Cable TV Assn	May 20-21, 1990	Airfare from Houston to Atlanta, Atlanta to Wash. D.C., plus overnight lodging and meals.
Gundell Lining	Aug. 19-23, 1990	Roundtrip airfare from Houston to Orlando, plus ground transportation, for self and spouse, plus lodging and meals.
Walt Disney World Co.	Aug. 14-18, 1990	Lodging and meals for self and spouse.

Concludes Part VII

Reporting Individual's Name
Jack Fields

PART VIII—POSITIONS

[illegible]

[illegible] NONE ☐

Position	Name of Organization
Trustee	Baylor University
Vice president	Rosewood Memorial Park, Inc.
Vice president	Rosewood Funeral Home, Inc.
Vice president	Rosewood Enterprises, Inc.
Vice president	Rosewood Memorial Park North, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—[illegible] Standards of Official Conduct. (See instructions, page 15.) Yes ☒ No ☐ [illegible] ☐

[illegible] Yes ☐ No ☒ [illegible] ☐

[illegible]

[illegible]

Jack Fields

[illegible]
May 15, 1989

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

JACK FIELDS
Full name
P.O. Box 2286
Mailing address
Humble, TX 77347

[illegible] -5 PM 3:03
[illegible]

Filer Status	☒ XX Member of the U.S. House of Representatives State: Texas District: 8	☐ Officer or Employee	Employing Office:
Report Type	☒ XX Annual (May 15)	☒ XX Amendment	☐ Termination Termination Date:

√HAND DELIVERED
MC (Office Use Only)
⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Ashland Oil, Inc., Wash. DC (Jan. 7-8, 1990)	Speech	$2000	
	U.S. Telephone Assn, Wash. DC (Jan. 12, 1990)	Speech	$1000	
	Nat'l Assn of Broadcasters, Wash. DC (Jan. 12, 1990)	Speech	$2000	
	Nat'l Cable TV Assn, Wash. DC (Jan. 13, 1990)	Speech	$1500	
	[illegible] Assn., Wash. DC (Jan. 19, 1990)	Speech/Plant tour	$1000	
	American [illegible] Assn, [illegible] (Jan. [illegible], 1990)	Speech	$2000	
	[illegible] (Jan. 25, 1990)	Roundtable discussion	$1000	
	[illegible] (Mar. [illegible], 1990)	Speech	[illegible]	
	[illegible] (Feb. 14, 1990)	Roundtable discussion	$2000	
	[illegible] Service Corp., Wash. DC (Mar. 5, 1990)	Roundtable discussion	$1000	

For additional earned income, use next page

Financial Disclosure

Reporting Individual's Name
JACK FIELDS

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Securities Industries Assn., Wash DC (Mar. 13, 1990)	Roundtable discussion	$2000	
Steel Service Center Inst., Wash DC (Mar. 26, 1990)	Roundtable discussion	$1000	
Nat'l Assn of Broadcasters, Wash DC (Apr. 2, 1990)	Appearance/Issues Panelist	$2000	
Connell, Rice & Sugar, Westfield, NJ (Apr. 23, 1990)	Speech	$2000	
Amer. Carriers Telecommunications Assn., Casselberry, FLA (Apr. 30, 1990)	Speech	$2500	
North Texas Oil and Gas Assn, Wichita Falls, Texas (May 7, 1990)	Speech	$500	
U.S. Tobacco Co., Greenwich, CT (May 11, 1990)	Roundtable discussion	$2000	
Brown and Root, Houston, TX (May 14, 1990)	Speech	$2000	X
Nat'l Cable TV Assn, Wash. DC (May 20-21, 1990)	Speech	$1500	X
TX School of Business, Houston, TX (June 4, 1990)	Speech	$500	X
Inst. of Scrap Recycling, Wash. DC (June 14, 1990)	Roundtable discussion	$1000	X
van Kloberg & Asso., Wash. DC (June 19, 1990)	Roundtable discussion	$1000	X
Amer. President Lines, Wash. DC (July 6, 1990)	Speech/facility tour/ mtg with employees	$1000	X
Marathon Oil, Wash. DC (July 6, 1990)	Roundtable discussion	$2000	X
Gundell Lining, Houston, TX (Aug. 19, 1990)	Speech/facility tour	$1000	X
BP America, Houston, TX (Nov. 30, 1990)	Roundtable discussion	$2000	X

Reporting Individual's Name

JACK FIELDS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Rosewood Memorial Park, Inc. Stock							X									NONE										
			Rosewood Funeral Home, Inc. Stock							X									NONE										
			One-half unit in limited partnership with Equipment Investors II				X												NONE										
			Rosewood Enterprises Inc., Stock				X												NONE										
S			1310 E. James, Baytown, Texas				X							X										X					X
			Real estate partnership with Jess Fields; 14 acres; Porter, Texas					X											NONE										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name

JACK FIELDS

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Rosewood Memorial Park N., Inc. Stock (A new Texas corporation)	X															NONE										
	7711 Peacock, Humble, TX			X								X									X						
	Wright Patman Congressional Credit Union		X										X						X								
	One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County, Texas (Formerly part of blind trust.)		X														ROYALTY		X								
	One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (Formerly part of blind trust.)		X														ROYALTY		X								

Reporting Individual's Name
JACK FIELDS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	1310 E. James, Baytown, Texas		X		7-11-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock, Humble TX		X					
	First City Bank, Humble, TX	Personal Loan		X					
	Interfirst Bank, Humble, TX	Personal Loan		X					
	Wright Patman Congressional Federal Credit Union	Personal Loan		X					
S	Century Savings (taken over by Resolution Trust Corp.)	Mortgage on 1310 E. James, Baytown, TX		X					

Reporting Individual's Name
JACK FIELDS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Ashland Oil, Inc.	Jan. 7-8, 1990	Roundtrip airfare from Wash. DC to Kentucky; overnight lodging and meals.	
U.S. Telephone Assn	Jan. 11-16 1990	Roundtrip airfare:Houston-Palm Springs for participation in conference Jan.12-14 only, lodging & meals; self only. (SEE NEXT ENTRY)	
Nat'l Cable TV Assn	Jan. 13-15 1990	In between USTA event (above), roundtrip airfare from Palm Springs to Los Angeles; meals & entertainment; gave speech. Self only.	
" " " "	Jan. 13-15 1990	Roundtrip airfare from Houston to Los Angeles for my spouse; lodging, meals and entertainment.	
Dutko and Asso.	Jan. 19, 1990	Air and ground transportation, Houston to Dallas roundtrip.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

JACK FIELDS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Baylor University
Vice president	Rosewood Memorial Park, Inc.
Vice president	Rosewood Funeral Home, Inc.
Vice president	Rosewood Enterprises, Inc.
Vice president	Rosewood Memorial Park North, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☒ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jack Fields	DATE (Month, Day, Year) June 5, 1991 (amended)

GPO: 1991 [illegible]

Continued Sheet (Page A-6)
REPORTING INDIVIDUAL'S NAME:

JACK FIELDS

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT -- CONTINUED (this one sheet only):

American Boiler Manufacturers Assn.	Jan. 21-22, 1990	Roundtrip airfare Houston to W.Palm Beach, FLA; overnight lodging and meals.
Nat'l Assn of Broadcasters	Apr. 2, 1990	Air transportation: Houston to Atlanta, Atlanta to Washington, D.C.
Connell, Rice and Sugar	Apr. 23, 1990	Roundtrip airfare: Wash. DC/Englewood, NJ
Amer. Carriers Telecommunications Assn.	Apr. 29-30, 1990	Roundtrip airfare: Houston/San Antonic; overnight lodging and meals.
U.S. Tobacco Co.	May 11-12, 1990	Airfare from Dallas to W.Palm Beach, FLA and return to Houston for self and spouse; plus overnight lodging and meals.
Nat'l Cable TV Assn	May 20-21, 1990	Airfare from Houston to Atlanta, Atlanta to Wash. DC, plus overnight lodging and meals.
Gundell Lining	Aug. 14-23, 1990	Airfare from Houston to Orlando and from Miami to Houston, plus ground transportation, and from Aug. 19-23 ONLY, lodging and meals in conjunction with landfill tour and speech to Gundle executives at FLA facilities.
Walt Disney World Co.	Aug. 14-18, 1990	While in Orlando for scheduled Gundle appearance, made speech to Disney executives and for the dates of Aug. 14-18, ONLY, Disney provided lodging and meals. No transportation provided due to presence already in Orlando.

Concludes Part VII

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

RECEIVED
1991 MAY -9 PM 12:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HAMILTON FISH, JR.
(Full Name)

2269 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: New York District: 21	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	US House of Representatives	Salary		
	US Department of Commerce	Spouse Salary		
	US Trust Co. (Estate of Grace C. Fish)* not subject to outside earned income limitations	Trustee Fee	3,102.50	
	West Publishing Company 3/30	Speech	2,000.00	
	Nat'l Association of Broadcasters 4/1	Speech	2,000.00	
	Nat'l Council on Compensation Insurance 4/5	Speech	2,000.00	
	American Bar Association 6/3	Speech	2,000.00	
	American Council on International Personnel 11/27	Speech	1,000.00	

For additional earned income, use next page

Reporting Individual's Name
FISH

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	100 Brsrking Inv. Matsr Lp Udr				X								X							X									
	Arvida/JMB Partners L.P. II					X									X						X								
	ML Lee Aquisition Fund II, LP				X										X						X								
	JMB Income Properties, LTD - XIII				X										X					X									
	ML-Lee Aquisition Fund, L.P.				X										X						X								
	ML CMA Money Funds				X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
FISH

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	6000 FHLMC 17 0181		X										X						X								
	7867 Eqty Inc Fd 9th Util Serv		X								X								X								
	1202.7 Templeton GLBL Inc F INC		X								X									X							
	New England Mutual Life	X											X						X								
	Knickerbocker Realty					X											Prtnrshp						X				
	Continental Insurance	X									X								X								
S	First American Bank		X										X							X							
S	Hudson City Savings Bank, NY		X										X						X								
S	Key Bank, NA			X									X							X							
S	First Investors Tax Exempt Fund			X													Excepted Inv. Fund				X						
S	First Investors IRA			X													"				X						
S	First American IRA		X														"		X								
S	US Savings Bond			X														X									
S	Sunlife Insurance			X									X					X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
FISH

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Mortgage Receivable - Charles Knauss Livingston, NY			X									X									X					
S	House, Barn, 100 Acres Livingston, NY							X				X											X				

Reporting Individual's Name

FISH

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Key Bank, NA	Mortgage on Rental Property, Livingston, New York		X					

Reporting Individual's Name
FISH

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute	1/10-15	Participation in US-Soviet Relations Conference, Rdtrp. Air Travel(DC-Montego Bay) 5 days lodging, food - Self and Spouse	
West Publishing Company	3/30-4/1	Continuing Legal Education Seminar Speech, One Way Air Travel (DC-Miami) - Self, Rdtrp. Air Travel(DC-Miami) - Spouse, 2 day food, lodging - Self and Spouse	
Nat'l Association of Broadcasters	4/1-2	Participation in 68th Annual Convention and Exposition, Airtravel (Miami-Atlanta-DC) 2 day lodging, food - Self	
American Bar Association	6/2	Insurance Competition Conference Speech, 1 day food, lodging in Baltimore - Self and Spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - " REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT
Continued

SOURCE:	DATES:	BRIEF DESCRIPTION:
Aspen Institute	8/26-9/1	Participation in Conference on Eastern Europe and American Policy, Rdtrp. Air Travel(DC-Prague) 6 days food, lodging - Self and Spouse
American Council on International Personnel	11/27	Immigration Reform Act Conference Speech, Rdtrp. Air Travel(DC-NYC), taxi, food - Self

Reporting Individual's Name
FISH

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Alice Desmond and Hamilton Fish Library, Garrison, NY
Limited Partnership	Knickerbocker Realty
Director	Board of the NYS Martin Luther King, Jr. Institute for Nonviolence

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Hamilton Fish Jr

DATE (Month, Day, Year)
May 9, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 11: 00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

THOMAS M. FOGLIETTA
(Full Name)

HOPKINSON HOUSE, APT 3003, 6TH & WASHINGTON SQUARE
(Mailing Address)

PHILADELPHIA, PENNSYLVANIA 19106

Filer Status: ☒ Member of the U.S. House of Representatives State: PENNA District: 1 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 9

1

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	LEGAL PRACTICE	LEGAL FEES	3533.	
	CITY OF PHILADELPHIA	PENSION	10457.	
	MEAT IMPORTERS COUNCIL OF AMERICA (10-26-90)	HONORARIA	1000.	
	HOSIERY CORP. OF AMERICA (11-28-90)	HONORARIA	2000.	
	HARDWARE & BUILDING CONSTRUCTION TRADE GROUP (11-1-90)	HONORARIA	2000.	
	ASSOCIATION OF SMALL & MEDIUM ENTREPRENEURS (5-28-90)	HONORARIA	2000.	
	LOS ANGELES TIMES MIRROR CO.	ARTICLE	250.	
	AMERICAN PRESIDENT LINES, LTD. (7-2-90)	HONORARIA	1000.	
	Public Transportation Breakfast (Peyser & Associates, Transport Workers Union, SAB Engineering) (8-2-90)	Honoraria	1000.	

For additional earned income, use next page

Reporting Individual's Name
THOMAS M. FOGLIETTA

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			102 Main Street, Dover, Delaware				X							X								X							
			INTEREST - PERSONAL SAVINGS ACCOUNTS ON DEPOSIT AT CONTINENTAL BK		X										X						X								
			SHEARSON, LEHMAN, HUTTON		X										X						X								
			SHEARSON, LEHMAN, HUTTON		X								X								X								
			SALES OF SECURITIES-CAPITAL GAIN																										
			200 SH. GERBER PRODUCTS CO.		X											X						X							X
			300 SH. MARRIOTT CORP.		X											X				X									X

For additional assets and unearned income, use next page

THOMAS M. FOGLIETTA

IV TRANSACTIONS

SALE OF SECURITIES	DATE	CATEGORY
200 SHARES GERBER PRODUCTS CO.	6-28-90	B
200 SHARES MARRIOTT CORP.	3-28-90	B
100 SHARES MARRIOTT CORP.	6-21-90	B
100 SHARES NEWELL CO.	8-01-90	B
100 SHARES PEP BOYS	3-28-90	B
145 SHARES RORER GROUP, INC.	1-23-90	B
200 SHARES SOUTHWEST AIR	3-28-90	B
200 SHARES T J X CO., INC. - NEW	3-28-90	B

PURCHASE OF SECURITIES		
200 SHARES ACUSION CORP.	7-05-90	B
200 SHARES GERBER PRODUCTS CO.	2-20-90	B
200 SHARES JOHNSON & JOHNSON	3-28-90	B
100 SHARES ELI LILLY & CO.	8-01-90	B
100 SHARES NEWELL CO.	2-20-90	B
20,000 STRIPS - TINT - U.S. TREASURY	5-10-90	B
100 SHARES WASTE MANAGEMENT, INC.	6-21-90	B

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS M. FOGLIETTA

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	100 SH. NEWELL CO.		X											X					X								X
	100 SH. PEP BOYS		X											X				X									X
	145 SH. RORER GROUP, INC.		X											X							X						X
	200 SH. SOUTHWEST AIR		X											X				X									X
	200 SH. T J X CO., INC. - NEW		X											X				X									X
	GROSS RENTAL INCOME - 721 FITZWATER ST. PHILA., PA		X									X										X					
	GROSS RENTAL INCOME - 480 W. SHORE DRIVE, BRIGANTINE, N.J.	X										X						X									
	GROSS RENTAL INCOME - 708 CLYMER ST. PHILA., PA		X									X								X							
	210 ASSOCIATES, REAL ESTATE PARTNERSHIP		X									X						X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

THOMAS M. FOGLIETTA

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	FURNITURE & FIXTURES - LAW PRACTICE		X																								
	DWELLING - 721 FITZWATER ST. PHILA., PA - F. M. V.					X																					
	DWELLING - 480 WEST SHORE DR. BRIGANTINE, N.J. - F. M. V.					X																					
	DWELLING - 708 CLYMER ST. PHILA., PA - F. M. V.				X																						
	100 SH. PEP BOYS		X																								X
	1 SH. MUNICIPAL CASH RESERVE	X																									
	300 SH. MARRIOTT CORP.		X																								X
	145 SH. RORER GROUP		X																								X
	200 SH. GERBER PRODUCTS CO.		X																								X
	100 SH. NEWELL CO.		X																								X
	200 SH. SOUTHWEST AIR		X																								X
	200 SH. T J X CO., INC. - NEW		X																								X
	300 SH. ACUSION CORP.		X																								
	200 SH. JOHNSON & JOHNSON		X																								
	100 SH. ELI LILLY & CO.		X																								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

THOMAS M. FOGLIETTA

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	20,000 STRIPS - TINT - U.S. TREASURY		X																								
	100 SH. WASTE MANAGEMENT, INC.		X																								
	2 GROUND LOTS - KIDDER TOWNSHIP LAKE HARMONY, PA					X																					
	CONTINENTAL BANK - PERSONAL SAVINGS MONEY MARKET		X																								

Reporting Individual's Name
THOMAS M. FOGLIETTA

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, SC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	SEE ATTACHED SCHEDULE											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, SC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
	CONTINENTAL BANK	MORTGAGE ON 721 FITZWATER ST. PHILA., PA				X			
	CONTINENTAL BANK	PERSONAL LOAN				X			

Reporting Individual's Name
THOMAS M. FOGLIETTA

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
ASSOCIATION OF SMALL AND MEDIUM ENTREPRENEURS		MAY 25 - MAY 28	ROUND TRIP AIR FROM N.Y. TO ROME; 3 DAYS FOOD AND LODGING	
AMERICAN PRESIDENT LINES LTD.		JUNE 15	ROUND TRIP TRAIN FARE FROM PHILA. TO NEWARK, N.J. - NEWARK TO PHILA.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS M. FOGLIETTA

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
PARTNER	210 ASSOCIATES (RENTAL PARTNERSHIP) 12½ % INTEREST

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15th, 1991

GPO: 1991 27-[illegible]

Financial Disclosure A-5

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

I. EARNED INCOME, INCLUDING HONORARIA

INCOME

SOURCE	TYPE	AMOUNT
Association of American Railroads September 26, 1990	Honorarium	$2,000.00
Burlington Northern Railroad Company May 14, 1990	Honorarium	$1,000.00
CablePAC May 15, 1990	Honorarium	$2,000.00
Campbell-Raupe, Inc. September 19, 1990	Honorarium	$2,000.00
Cosmetic, Toiletry & Fragrance Asso., Inc. May 3, 1990	Honorarium	$2,000.00
Goldman, Sachs & Co. September 17, 1990	Honorarium	$2,000.00
Harvest States Cooperatives March 26, 1990	Honorarium	$2,000.00
Interstate Natural Gas Assoc. of America April 10, 1990	Honorarium	$2,000.00

Ethics in Government Act - Financial Disclosure for 1990

Thomas S. Foley

Page Two - I. EARNED INCOME, INCLUDING HONORARIA

SOURCE	TYPE	AMOUNT
Law Offices Preston Gates Ellis & Rouvelas Meeds May 21, 1990	Honorarium	$1,000.00
Law Offices Preson Gates Ellis & Rouvelas Meeds September 29, 1990	Honorarium	$1,000.00
MCI Communications Corporation and Subsidiaries December 12, 1990	Honorarium	$2,000.00
National Forest Products Association May 31, 1990	Honorarium	$2,000.00
O'Connor & Hannon September 18, 1990	Honorarium	$2,000.00
Polyconomics, Inc. March 29, 1990	Honorarium	$2,000.00
Recording Industry Assoc. of America, Inc. April 5, 1990	Honorarium	$2,000.00
Shearson Lehman Hutton March 29, 1990	Honorarium	$2,000.00
Telecommunications, Inc. September 20, 1990	Honorarium	$1,000.00
	TOTAL	$30,000.00

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

II. and III. - ASSETS AND "UNEARNED" INCOME

ASSET and/or INCOME SOURCE	VALUATION	INCOME
U.S. Bank checking acct./cd (interest)	D	III
Est. of Helen M. Foley (executor's fee)		V
Trust of Helen M. Foley * (income from trust)	E	V
Federated Automated Govt. Money Trust (int.)	E	II
Account Management Corp. (see attached schedules for itemization of assets and transactions.	C	VII
Wright Patman-Fed. Credit Union (IRA dividends)	B	II
Federal Retirement Thrift Investment Board (government investment fund, interest)	C	II
U.S. Bank checking account	D	
U.S. Bank certificate of deposit	D	
Lot 100, Square 1017, 1253 C Street, S.E. Washington, D.C. (unimproved lot)	E	
445 S.H. Solomons, Inc.	A	

Ethics In Government Act - Financial Statement for 1990

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

II. and III. - ASSETS AND "UNEARNED" INCOME

* This is the value of the Trust after all of the bequests of my mother's will were fulfilled. I am entitled pursuant to the Trust to receive one-half of the income from the trust until I die; at which time the trust will be distributed according to the wishes of my mother's will. Accordingly, I have only listed one-half of the Trust.

One-Half of the Assets of the Helen M. Foley Trust

9 shares of Farmers Union Grain Co.	$40,500.00
115 shares of Bell Atlantic	12,578.70
123 shares of NYNEX	10,778.49
170.5 shares of American Telephone & Telegraph Co.	7,737.29
1/2 share of Central	15.00
364 shares of East Bowl, Inc.	18,200.00
Promissory Note from Clover Leaf Lanes assumed by Atomic Lanes, Inc., payable on demand, 15% int. (this has not been divided in half)	25,000.00
1/10 int. in C.P. Higgins, an individual entity	60,524.00
37.5 units in Higgins & Assoc., a Washington general partnership	28,125.00
Cash, U.S. Bank	27,407.18

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 4:58
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

THOMAS S. FOLEY
(Full Name)

1201 Longworth House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: WA District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 21

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SEE ATTACHED SHEETS			

For additional earned income, use next page

Reporting Individual's Name

THOMAS S. FOLEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income															Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union accounts			X									X								X						
			132 Main Street, Dover, Delaware				X							X								X							
			SEE ATTACHED SHEETS																										

Reporting Individual's Name
THOMAS S. FOLEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	SEE ATTACHED SHEETS											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	SEE ATTACHED SHEET								

Reporting Individual's Name

THOMAS S. FOLEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	SEE ATTACHED SHEET			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS S. FOLEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	SEE ATTACHED SHEET

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 13.)	Yes ☐	No ☒	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL
Thomas S. Foley

DATE (Month, Day, Year)
May 15 1991

GPO: [illegible]

STATEMENT OF TRANSACTIONS

[redacted]

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS
ACCOUNT MANAGEMENT CORPORATION

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT 800225 FOLEY THOMAS S. PAGE 2

INCOME ASSETS SOLD

6/20/90	140.11	FEDERATED AUTO GOVT MONEY TR INV INC SOLD AT 100	140.11
7/02/90	140.11	FEDERATED AUTO GOVT MONEY TR INV INC SOLD AT 100	140.11
7/27/90	106.86	FEDERATED AUTO GOVT MONEY TR INV INC SOLD AT 100	106.86
8/01/90	106.86	FEDERATED AUTO GOVT MONEY TR INV INC SOLD AT 100	106.86
9/07/90	169.41	FEDERATED AUTO GOVT MONEY TR INV INC SOLD AT 100	169.41
10/01/90	169.41	FEDERATED AUTO GOVT MONEY TR INV INC SOLD AT 100	169.41

VALUATION OF INVESTMENTS

Thomas S. Foley
1201 Longworth House Office B
Washington, D.C.
20515

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
[illegible]
II. and III. - ASSETS AND "UNEARNED" INCOME

[illegible] FOLEY THOMAS S. A B 1 0 DECEMBER 31, 1990 PAGE 2

SHARES/PAR	DESCRIPTION	12/31/90 MARKET VALUE
	COMMON STOCKS	
	OTHER	
	MISCELLANEOUS	
17,700	SUPERTEX INC COM	35,400
1,000	[illegible] INC	4,000
	TOTAL OTHER	39,400
	TOTAL COMMON STOCKS	
	FUNDS	
	MONEY MARKET FUNDS	
1,009.50	FEDERATED AUTO GOVT MONEY TRUST	1,010
	TOTAL FUNDS	1,010

STATEMENT OF TRANSACTIONS

[redacted]

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS
ACCOUNT MANAGEMENT CORPORATION

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT BD0225 FOLEY THOMAS S.

INCOME ASSETS PURCHASED

6/04/90	140.11	FEDERATED AUTO GOVT MONEY TR INV INC BOT AT 100	140.11-
6/27/90	140.11	FEDERATED AUTO GOVT MONEY TR INV INC BOT AT 100	140.11-
7/03/90	106.86	FEDERATED AUTO GOVT MONEY TR INV INC BOT AT 100	106.86-
7/30/90	106.86	FEDERATED AUTO GOVT MONEY TR INV INC BOT AT 100	106.86-
9/05/90	169.41	FEDERATED AUTO GOVT MONEY TR INV INC BOT AT 100	169.41-
9/14/90	169.41	FEDERATED AUTO GOVT MONEY TR INV INC BOT AT 100	169.41-

STATEMENT OF TRANSACTIONS

[redacted]

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 4

INVESTMENTS SOLD AND MATURED

3/08/90	2,500SH	HOLOGIC INC SOLD AT 17.52	43,800.00
3/12/90	3,900SH	MAXIM INTERGRATED PRODS INC SOLD AT 9.625	37,537.50
3/21/90	16,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	16,000.00
3/30/90	15,029.74	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	15,029.74
4/05/90	600SH	VERIFONE INC SOLD AT 19.75	11,850.00
4/09/90	14,937.50	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	14,937.50
4/09/90	500SH	SYNTELLECT INC SOLD AT 18.125	9,062.50
4/12/90	124.50	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	124.50
4/12/90	400SH	VERIFONE INC SOLD AT 21	8,400.00

STATEMENT OF TRANSACTIONS

[redacted]

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 5

4/17/90	700SH	PHARMACY MGMT SVCS INC SOLD AT 15.75	11,025.00
5/04/90	190.01	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	190.01
5/04/90	1,000SH	TELEBIT CORP SOLD AT 11.50	11,500.00
5/09/90	10,047.91	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,047.91
5/10/90	10,181.13	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,181.13
5/15/90	1,000SH	ALTERA CORP SOLD AT 11.5	11,500.00
5/16/90	1,000SH	ALTERA CORP SOLD AT 11.625	11,625.00
6/01/90	1,000SH	HEALTHINFUSION INC SOLD AT 11	11,000.00
6/04/90	7,939.90	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	7,939.90
6/11/90	15,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	15,000.00
6/20/90	22,241.23	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	22,241.23
6/21/90	500SH	AMPLICON INC SOLD AT 7.625	3,812.50
7/12/90	332.91	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	332.91
7/25/90	2,500SH	MAXIM INTERGRATED PRODS INC SOLD AT 12.625	31,562.50

STATEMENT OF TRANSACTIONS

[redacted]

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 6

7/26/90	500SH	ALTERA CORP SOLD AT 12.75	6,375.00
7/26/90	3,700SH	MECA SOFTWARE INC SOLD AT 12.75	47,175.00
7/27/90	33,326.17	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	33,326.17
8/01/90	10,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,000.00
8/09/90	10,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,000.00
8/16/90	10,049.52	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,049.52
8/23/90	29,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	29,000.00
9/07/90	933.51	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	933.51
9/10/90	10,000	STATE STREET BK & TR CO C/D 6.875% MATURED EARLY	9,998.18
9/17/90	4,940.26	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	4,940.26
10/26/90	119.65	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	119.65

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

V. - LIABILITIES

CREDITOR	TYPE	VALUE
National Bank of Washington (paid off 4/90)	loan for purchase of adjoining lot to Lot 100, Square 1017, 1253 C Street, S.E. Washington, D.C.	D

Ethics in Government Act - Financial Disclosure Act for 1990

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VII. "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	BRIEF DESCRIPTION
Polyconomics, Inc. 86 Maple Avenue Morristown, New Jersey 07960	Round trip plane fare, hotel accommodations, and food for Thomas S. Foley and wife to Miami, March 2 - 4, 1990 to participate in conference.
Japan Society 333 East 47th Street New York, New York 10017	Round trip plane fare, hotel accommodations, and food for Thomas S. Foley to Tokyo, November 15 - 18, 1990 to participate in conference.
Goldman Sachs 1101 Pennsylvania Ave., N.W Washington, D.C. 20004	Round trip plane fare for Heather S. Foley to New York, December 7 - 8, 1990 to accompany husband who gave speech.
Time Warner, Inc. 1133 21st Street, N.W. Washington, D.C. 20036	One way plane fare, hotel accommodations and food for Thomas S. Foley to New York, December 7 - 8, 1990 to give speech. (Hotel accommodations and food for spouse too)
American Newspaper Publisher's Association 11600 Sunrise Valley Drive Reston, Virginia 22091	Hotel accommodations and food for Thomas S. Foley in Los Angeles, April 24 - 25, 1990 to participate in annual convention.

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VIII. POSITIONS

POSITION	NAME OF ORGANIZATION
Member, Congressional Advisory Council	Henry M. Jackson Foundation
Director	Farmers Union Grain Company
Member, Board of Overseers	Whitman College
Member	Yale University Council - Comm. on Social Science - Policy
Member, Board of Directors	The Wolf Trap Foundation
Board of Advisors	Center for Strategic & International Studies
Member	WSU Foundation
Member, Advisory Council	American Ditchley Foundation
Member, Executive Committee	Democratic National Committee
Member	Council on Foreign Relations
Member, Advisory Board	Arena Stage
Member, Board of Directors	Bicycle Federation of America
Member	Trilateral Commission
Member, Board of Director	College of Virgin Islands
Commissioner	Japan United States Friendship Commission
Member, Board of Advisors	The Mansfield Foundation
Member, Advisory Committee	Center for Elected Politicians John F. Kennedy School of Government, Harvard University
Member, Congressional Advisory Board	Udall Center

STATEMENT OF TRANSACTIONS

[redacted]

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990

PART IV - TRANSACTIONS
ACCOUNT MANAGEMENT CORPORATION

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT BD0225 FOLEY THOMAS S.

INVESTMENTS PURCHASED

1/16/90	1,500SH	SUPERTEX INC COM BOT AT 2.1875	3,281.25-
2/02/90	50.79	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	50.79-
3/08/90	2,500SH	HOLOGIC INC BOT AT 14	35,000.00-
3/09/90	8,749.98	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	8,749.98-
3/13/90	37,492.78	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	37,492.78-
3/20/90	1,000SH	VERIFONE INC BOT AT 16	16,000.00-
4/05/90	500SH	SYNTELLECT INC BOT AT 15	7,500.00-
4/05/90	1,000SH	WNS INC BOT AT 4.25	4,250.00-
4/06/90	500SH	AMPLICON INC BOT AT 10	5,000.00-
4/06/90	500SH	MAXIM INTERGRATED PRODS INC BOT AT 10.875	5,437.50-
4/06/90	1,500SH	SUPERTEX INC COM BOT AT 3	4,500.00-

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 8

4/06/90	129.74	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	129.74-
4/10/90	9,062.50	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	9,062.50-
4/12/90	700SH	PHARMACY MGMT SVCS INC BOT AT 12	8,400.00-
4/18/90	11,025.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	11,025.00-
5/04/90	1,000SH	TELEBIT CORP BOT AT 10	10,000.00-
5/09/90	1,000SH	ALTERA CORP BOT AT 10.625	10,625.00-
5/14/90	11,056.13	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	11,056.13-
5/16/90	11,500.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	11,500.00-
5/17/90	11,625.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	11,625.00-
5/31/90	1,000SH	HEALTHINFUSION INC BOT AT 8	8,000.00-
6/06/90	11,000.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	11,000.00-
6/19/90	2,000SH	MAXIM INTERGRATED PRODS INC BOT AT 12	24,000.00-
6/27/90	2,004.20	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	2,004.20-
7/02/90	140.11	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	140.11-
7/26/90	3,700SH	MECA SOFTWARE INC BOT AT 10	37,000.00-

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1990
PART IV - TRANSACTIONS

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 9

7/26/90	31,514.77	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	31,514.77-
7/30/90	2,701.17	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	2,701.17-
7/31/90	47,175.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	47,175.00-
8/01/90	106.86	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	106.86-
8/02/90	10,000.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	10,000.00-
9/14/90	5,900.08	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	5,900.08-
10/01/90	169.41	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	169.41-
8/6/90		PURCHASE STATE STREET BANK & TRUST C.D.	$10,000.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers and employees

1991 MAY 31 PM 2:30
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Harold E. Ford
(Full Name)

2773 Unicorn Lane, N.W., Washington, D.C. 20015
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Tennessee District: 9th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC 29
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$600	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Health South Rehabilitation Corp. (1/3/90)	Speech	$2,000.00	
Alabama Power Company (1/4/90)	Speech	$2,000.00	
Connell, Rice & Sugar Co., Inc. (1/19/90)	Speech	$2,000.00	
RJR Nabisco (1/23/90)	Speech	$2,000.00	
Chartered Health (2/6/90)	Speech	$2,000.00	
Methodist Health (4/19/90)	Speech	$2,000.00	
U.S. Strategies (5/7/90)	Speech	$2,000.00	
Federal Express (5/24/90)	Speech	$2,000.00	
Conwood Company, L.P. (6/4/90)	Speech	$1,000.00	
Mailhandlers (8/17/90)	Speech	$ 500.00	

For additional earned income, use next page

Reporting Individual's Name
Harold E. Ford

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
American Insurance Association (9/4/90)	Speech	$2,000.00	
Philip Morris (9/5/90)	Speech	$2,000.00	
South Central Bell (9/11/90)	Speech	$2,000.00	
U.S. Tobacco (10/9/90)	Speech	$2,000.00	
National Association of College & Univ. (12/6/90)	Speech	$1,000.00	
	TOTAL	$26,500.00	
Disposition to Charities --			
LeMoyne-Owens College	(less)	500.00	
		$26,000.00	

CONTRIBUTIONS TO HAROLD FORD LEGAL DEFENSE FUND
JANUARY 1990 THROUGH DECEMBER 1990

DEPOSIT OF 08 FEBRUARY 1990

J. Bartley	$ 100.00
Ulysses Jones, Jr. 2158 Piedmont Memphis, TN 38108	200.00
Dymally Campaign Committee 322 W. Compton Blvd. #103 Compton, CA 90220	1,000.00
D.C. Friends of "Bill" Clay	500.00

DEPOSIT OF 06 MARCH 1990

George T. Lewis, III 2000 - First TN Bldg. Memphis, TN 38103	$ 200.00
Marsha Robinson 1627 Harville Memphis, TN 38111	10.00
Rosewood Barber Shop 3653 Millbranch Memphis, TN 38116	100.00
Shirlie Greene, Jr. 401 Ayers Memphis, TN 38105	500.00
Mt. Pisgah Missionary Baptist Church P.O. Box 357 Olive Branch, MS 38654	1,000.00
Vera L. Johnson or Charlyne McGraw 258 W. Essex Ave. Memphis, TN 38106	15.00
Bernice Eskridge Callaway 561 Alston Ave. E. Memphis, TN 38126	25.00
Helen & J. Howard Aldridge 199 Rader Rd. Memphis, TN 38109	20.00
Ethel M. Isabel 2068 Claremont Cir. Memphis, TN 38114	25.00
Ruth Poindexter 1571 Semmes Memphis, TN 38114	10.00

$ 3695.00

Mrs. Ollie Mitchell 1492 Hamilton Memphis, TN 38114	15.00
Carol E. Randolph 2666 Supreme Ave. Memphis, TN 38114	$ 25.00
Samuel A. & Willie M. Woods 694 Frank Cir. Memphis, TN 38106	15.00
Clayton & Velivian Bullard 1557 Crider Memphis, TN 38114	25.00
John A. Donald 4995 E. Shore Dr. Memphis, TN 38109	100.00
Pamela Moore 1767 E. Raines #11 Memphis, TN 38116	10.00
Zernia Peacock 1996 Quinn Ave. Memphis, TN 38114	25.00
Lillian Whitney P.O. Box 111313 Memphis, TN 38111	10.00
Josephine Berkley 1468 Merlin Ave. Memphis, TN 38106	25.00
Irma & Fred Wilson 3449 Meier Dr. Memphis, TN 38118	25.00
Nellie & Carol Tate 2358 Orchid Dr. N. Memphis, TN 38114	25.00
Roxie & Robert Ball 1615 Shadowlawn Memphis, TN 38106	10.00

$ 310.00

Jewell & Helen Bell 4459 Cimmaron Dr. Memphis, TN 38109		50.00
Jesse & Mildred Joseph 2357 Bridgeport Dr. Memphis, TN 38114	$	25.00
Frankie L. Cash 2422 Rozelle St. Memphis, TN 38114		10.00
Gloria C. Dentham 2078 Claremont Cir. Memphis, TN 38114		10.00
Sadie M. Wiley 2175 Berkley Ave. Memphis, TN 38108		10.00
Sara & Warren Dixon 677 Whittington St. Memphis, TN 38114		10.00
Birdie Lenoir 1948 Clovia Ln. Memphis, TN 38114		10.00
Mary L. Routen P.O. Box 14242 Memphis, TN 38114		10.00
Yvonne & Aretha Moore 518 E. Frank Memphis, TN 38106		10.00
Argel & Vera B. Oatis 5065 Ravensworth Dr. Memphis, TN 38109		15.00
Doris Erby Hall 1808 Fairmeade Ave. Memphis, TN 38114		10.00
Samuel & Dorothy Berkley 2543 Bridgeport Dr. Memphis, TN 38114		10.00

$ 180.00

Larsenia Cain and Jeweldine Hoskins 1008 Maempah St. Las Vegas, NV 89106	10.00
Mrs. Oliver R. George 1260 College Memphis, TN 38106	$ 10.00
Mae Ola Mebane 836 Boston Memphis, TN 38114	10.00
Nedra R. Anderson 7229 Dexter Rd. Rear Cordova, TN 38018	10.00
Lee R. and Charles Etta Jackson Brown 2740 Lakecrest Cir. S. Memphis, TN 38127	10.00
Loistine & Tommie L. Taylor 1936 Clovia Ln. Memphis, TN 38114	10.00
Doris E. Williams 994 Garland Memphis, TN 38107	10.00
Alice F. McDearman 1088 Tammbell Brownsville, TN 38012	10.00
Mae Dee Houston 1874 Wendy Dr. Memphis, TN 38114	10.00
Rosalind E. Jackson 3708 Hillridge Memphis, TN 38109	10.00
Lawrence Seymour 1325 Eastmoreland #435 Memphis, TN 38104	1,000.00
Memphis Baptist Ministerial Assn. 4888 Whitworth Memphis, TN 38116	2,000.00
Union Valley Baptist Church 1051 E. McLemore Memphis, TN 38106	282.31

$3382.31

Evelyn Boga 1480 S. Barksdale Memphis, TN 38114	$ 5.00
Verna Mae Johnson 1791 Grovehaven Cr. Memphis, TN 38116	10.00
Walter Lee Bailey, Jr. 200 Jefferson Ave. Suite 80^ Memphis, TN 38103	200.00
Shirlie Greene, Jr. 401 Ayers Memphis, TN 38105	50.00
Yolanda D. Dillard 4414 Rodney Rd. Memphis, TN 38116	55.00
Steps of Success 3120 S. Perkins Suite 200 Memphis, TN 38118	50.00
Jenise A. Burke 1190 Mississippi Blvd. Memphis, TN 38106	50.00
Joseph B. McLaurin, Jr. 1289 Winchester Memphis, TN 38116	100.00
Willie H.M. Bland 8023 Neshoba Rd. Germantown, TN 38138	100.00
Handel R. Durham, Jr. 2768 Burns Ave. Memphis, TN 38114	100.00
Vollintine Baptist Church P.O. Box 4706 Memphis, TN 38104	100.00
Joseph B. Brown 2949 Spring Hill Memphis, TN 38127	20.00

$ 840.00

Superior Safe & Lock, Inc. 1380 Airways Memphis, TN 38114	$ 20.00
James & Linda Johnson 3236 Dickmann Ave. Memphis, TN 38111	20.00
Kimberly Gunn & Maxine Maclin 4048 Battlefield Dr. Memphis, TN 38128	20.00
Michael L. Mosbey 4390 Forrest Valley Cv. Memphis, TN 38115	20.00
David & Earnestyne Toney 4790 Hornsby Memphis, TN 38116	20.00
C.R. Venson 256 E. McLemore Ave. Memphis, TN 38106	20.00
Barbara H. Lawing 4839 Marlin Memphis, TN 38117	20.00
Terry Townsend 3519 Chevron Cv. Memphis, TN 38118	50.00
John J. Campbell 2500 Carnes Ave. Memphis, TN 38114	500.00
Friends of Sonny Washburn 160 N. Main Memphis, TN 38103	20.00
Dwight E. Duncan 2500 Mt. Moriah Suite B454 Memphis, TN 38115	20.00
Suprona Renee Grear 4986 Lochnivar Memphis, TN 38116	5.00

$735 00

Reporting Individual's Name
Harold E. Ford

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			51% of N.J. Ford & Sons Funeral Home, Inc., Memphis, TN						X										NONE	X									
			Harold Ford Legal Defense Fund		See Attachment																								

For additional assets and unearned income, use next page

Reporting Individual's Name
Harold E. Ford

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	(VISA) Wright Patman Congressional Credit Union	Personal	X						
	Chevy Chase Savings & Loan (VISA)	Personal	X						
	Robert D. Shockey	Personal	X						
	Reginald Dunn	Personal	X						

Reporting Individual's Name

Harold E. Ford

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
See Attachment re: Harold Ford	Legal Defense Fund	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Alabama Power Company & Health South Rehabilitation	1/3/90- 1/4/90	Roundtrip Air Travel from Wash.,D.C. to Birmingham, AL.	
Health South Rehabilitation	1/3/90	Lodging and food -- Tutwiler Hotel	
Alabama Power Company	1/4/90	Food and Local Transportation	
Connell, Rice & Sugar Company	1/19/90	Roundtrip Air Travel from Wash., D.C. to Newark, NJ	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
Harold E. Ford

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Advisory Board	St. Jude Children's Research Hospital
Board of Directors	YMCA of Memphis, TN

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Harold E. Ford	5/31/91

Lisa M. Snyder 843 Cella St. Memphis, TN 38114	$ 5.00
Robin E. & Georgia Taylor 4448 Opal Cv. Memphis, TN 38109	20.00
Gloria J. Ladd 4977-8th Rd. Memphis, TN 38109	20.00
Sheila K. Hall 1874 Farrington Memphis, TN 38109	10.00
Barbara J. Campbell 3794 Egypt Central Rd. Memphis, TN 38128	10.00
Ronald G. Nesbitt 1744 Dupont #5 Memphis, TN 38127	10.00
Darryl D. & Virginia Bradford 5946 Rigeland Dr. #1 Memphis, TN 38115	20.00
Mirault M. Mulon 5910 Kenny Crest Dr. Memphis, TN 38115	10.00
Tonya T. Morris 3810 Advantage Way Dr. No. 204 Memphis, TN 38128	10.00
Patrice M. Brown 5412 Meadowlake Dr. S. No. 2 Memphis, TN 38115	10.00
Ricky & Pamela McReynolds 4554 villagreen Dr. Memphis, TN 38118	10.00
Brady & Mary Henderson 5047 Bartonwood Dr. Memphis, TN 38115	10.00

$ 145.00

John A. Keys 3910 Mary Lee Dr. Memphis, TN 38116	$ 10.00
Edward Y Ruth Stanton 3605 Acacia St. Memphis, TN 38116	10.00
Edward Mayhue, Jr. 1521 E. McLemore Memphis, TN 38106	10.00
Eric & Elizabeth Harmon 4353 Ruth Memphis, TN 38109	10.00
Hazel's Hair Fashions 4105 Elvis Presley Blvd. Memphis, TN 38116	10.00
Kym Clark 175 Stonewall St. No. 108 Memphis, TN 38104	10.00
Keith D. Crawford 1620 Smokehouse Dr. Cordova, TN 38018	10.00
ronald G. Nesbitt 1744 Dupont #5 Memphis, TN 38127	10.00
Odis H. Dockery 1527 Westlawn Dr. Memphis, TN 38114	10.00
Melvin & Margaret Lee 6554 Oak Creek Cv. Memphis, TN 38115	10.00
Harold Adams & Harold Adams-Beamon 1499 Shady Birch Rd. Memphis, TN 38116	10.00
Paula Y. Cumby & Curtis D. Temes 262 Honduras Memphis, TN 38109	10.00

$120.00

V.S. Jenkins 6742 Watergrove Memphis, TN 38119	$	10.00
Val JaVaughn Finishing & Modeling Studio 4255 Cherry Center Dr. Suite 3 Memphis, TN 38118		10.00
Mona Lisa Talley 4417 Cimmaron Dr. Memphis, TN 38109		10.00
Charleszetta & Walter Lewis 532 Whitepoint Ave. Memphis, TN 38109		10.00
Ophelia & Sophia Ford 3466 High Bridge Dr. Memphis, TN 38118		10.00
Stephen C. Grubb 708 Loeb Memphis, TN 38111		10.00
Lawrence Foster 1694 Clementine Rd. Memphis, TN 38114		10.00
Mary Alice Jones 6579 Kerrville Rosemark Rd. Millington, TN 38053		5.00
Jennifer J. Marshall 1295 Greenland Rd. Memphis, TN 38134		5.00
Eddie R. Walsh 2379 Ketchum Memphis, TN 38114		30.00
Mae B. Elrod 1546 Railton Rd. Memphis, TN 38111		10.00
LaChrae W. Stoverson 1402 Old Hickory Rd. Memphis, TN 38116		10.00

$130.00

Clarence B. Mann 6839 Stonegap Memphis, TN 38115	$ 25.00
Stanley J. Blue 128 E. Bedley Memphis, TN 38109	25.00
Lawrence D. Seymour 1325 Eastmoreland No. 435 Memphis, TN 38104	25.00
James & Geraldine Harris 1846 S. Parkway E. Memphis, TN 38114	10.00
Elgie L. Williams 3286 Norton Rd. Memphis, TN 38109	10.00
Gloria Mosley 849 N. Watkins Memphis, TN 38107	5.00
Kim Y. Williamson 2180 S. Parkway E. Memphis, TN 38114	10.00
Darrell & Virginia Bradford 5946 Rigeland Dr. #1 Memphis, TN 38115	20.00
Billene Miller 180 Horn Lake Cv. Memphis, TN 38109	20.00
David & Yvonne Acey 5340 Norma Dr. Memphis, TN 38109	20.00
Johnnie Peters & Elgie Williams 3286 Norton Rd. Memphis, TN 38109	10.00
Edward & Corrine Lewis 1500 Compton Memphis, TN 38106	20.00

$200.00

Marian P. Tuggle 5662 San Mateo Cv. Memphis, TN 38118	$ 50.00
Prentiss Ray & Dana Milton 179 Fairview Dr. Memphis, TN 38109	20.00
Archie & Alicia Willis 244 Looney Memphis, TN 38107	10.00
Nellie & Carol Tate 2358 Orchid Dr. N. Memphis, TN 38114	30.00
Deveria Bolden 1956 Quinn Ave. Memphis, TN 38114	30.00
JoAnn Spencer 4573 Weaver Rd. Memphis, TN 38109	20.00
Florida Edwards 2610 Darlene Memphis, TN 38106	10.00
Earline Duncan 166 Laendale Dr. Memphis, TN 38109	5.00
Betty J. Johnson 1630 Winway Dr. #4 Memphis, TN 38116	10.00
Joe & Ramelle Tuggle 5374 White Plains Cv. Memphis, TN 38116	15.00
Ernie Barrasso 484 Sutton Place Memphis, TN 38119	20.00
Doris & Gregory Davis 2145 Clanden Memphis, TN 38116	10.00

$230.00

Bettye Scott 1190 Mississippi Memphis, TN 38106	$ 20.00
Gloria Mosley 849 N. Watkins Memphis, TN 38107	10.00
Alice & Rev. H.P. Sandridge 1656 Hollywood Memphis, TN 38108	25.00
Michael & Linda Dunn 4030 Cliffdale Memphis, TN 38127	10.00
Peter Garrett 10 N. Main #9B Memphis, TN 38103	10.00
Andrewnetta Jones 900 Colgate Rd. Memphis, TN 38106	10.00
William & Ernestine Cox 568 W. Mitchell Memphis, TN 38109	10.00
Charlyne McGraw & Ricki Johnson 258 W. Essex Memphis, TN 38109	15.00
Jerolyn Wheeler 1862 Vollentine Memphis, TN 38108	10.00
Samual & Phyllistean Albright 1610 Kilarney Memphis, TN 38116	10.00

DEPOSIT OF 12 MARCH 1990

Bates Properties 2670 Union Ave. Ext. Suite 901 Memphis, TN 38112	$5,000.00

$ 5130.00

First Episcopal District C.M.E. Church 1374 Farrow Rd. Memphis, TN 38116	$ 600.00
West Tennessee Annual Conference C.M.E. Church 3311 Kimball Ave. Memphis, TN 38116	1,000.00
East Tennessee Conference C.M.E. Church 596 E. Baltimore St. Jackson, TN 38301	1,000.00
Arthur M. Reynolds 1155 - 15th St. NW No. 1004 Washington, DC 20005	1,000.00
Jeffrey Gildenhourn 5501 Connecticut Ave. NW Washington, DC 20015	500.00
Elliot S. Hall 2770 Unicorn La. NW Washington, DC 20015	500.00
Tyrone Brown 1330 Connecticut Ave. NW Washington, DC 20036	500.00
Ronald H. Brown 2650 M St. NW Washington, DC 20037	500.00
Kent B. Amos 2720 Unicorn La. NW Washington, DC 20015	100.00
Dr. Robert L. Bowles, Jr. 2616 Osage St. Adelphi, MD 20783	100.00
Franklin Money Fund 530 Lytton Ave. P.O. Box 180 Palo Alto, CA 94301	200.00

$6000.00

Mt. Olive Cathedral C.M.E. Church 538 Linden Ave. Memphis, TN 38126	$ 350.00
Maurice & Hattie Smith 1802 Fairmeade Memphis, TN 38114	30.00
Steve Webb 1277 Winchester Memphis, TN 38116	100.00
CDA Security Service 323 Beale St. #2000 Memphis, TN 38103	100.00
William Fitzgerald, Sr. 1229 Connecticut Ave. NW Washington, DC 20036	100.00
Roy & R.B. Pearson 206 Clower Rd. Memphis, TN 38109	10.00
Marion Peete 743 Lester Memphis, TN 38112	10.00
Herbert & B. Bryant Reams 9157 Gillie Cv. Memphis, TN 38133	15.00
Louise A. Davis 3364 E. Oakside Dr. Memphis, TN 38118	20.00
Access Group, Inc. 3195 Holly Berry Dr. Memphis, TN 38118	50.00
Odell & Marieta Harris 530 Shofner Memphis, TN 38109	10.00
Dorothy Ealy 3130 Larkspur Dr. Memphis, TN 38111	10.00

$ 805.00

Shirley M. Jones 5050 Jeff Dr. Memphis, TN 38109	$ 10.00
Dorothy B. Myers 2539 Keen Rd. Memphis, TN 38106	5.00
Bud & Gary Davis 5433 Poplar Memphis, TN 38117	1,000.00
Dr. Lewis Marshall 2578 Unicorn Ln. NW Washington, DC 20015	200.00
J.J. & Bernice Simmons 2736 Unicorn Ln. NW Washington, DC 20015	200.00

DEPOSIT OF 14 MARCH 1990

Elaine Allen McReynords 1517 Naples Ave. Nashville, TN 37207	$ 50.00
Ronald Walter 2108 S. Parkway E. Memphis, TN 38114-2025	200.00
Irene Cleaves 498 Edith Memphis, TN 38126	250.00
Julian T. Bolton	500.00
Christian Methodist Episcopal Church P.O. Box 75085 Los Angeles, CA 90075	4,000.00

DEPOSIT OF 16 MARCH 1990

A.M.E. Ministeral Alliance 2052 Nellie Memphis, TN 38116	$1,000.00

$7415.00

First Thessalonia M.B. Church 714 Alice Memphis, TN 38106	$ 50.00
Mildred Taylor & Ora Wills 35 Thomas St. Brownsville, TN 38012	10.00
Barbara J. Allen 4405 Hudgins Rd. #4 Memphis, TN 38116	15.00
James E. Conneley 5110 Windham Memphis, TN 38116	20.00
Fellowship United Missionary Baptist Church P.O. Box 16529 Memphis, TN 38186	300.00
Laura Elder 5448 Haleville St. Memphis, TN 38116	5.00
Ira T. Lott, Sr. 1752 Greenview Cr. Memphis, TN 38108	5.00
Lawrence E. Barksdale, Sr. 6316 Oregon Dr. #3 Memphis, TN 38115	10.00
Mary Mathews & Jacquelyn Fanion 3500 Rochester Rd. Memphis, TN 38109	10.00

DEPOSIT OF 28 MARCH 1990

Stewart's Amoco 2134 Lamar Ave. Memphis, TN 38114	$ 500.00
B.W. & Elizabeth Rachels 4658 Hemlock Ln. Memphis, TN 38117	2,000.00

$2925.00

Dr. James Towns 6400 Georgia Ave. NW Washington, DC 20012	$ 50.00
Liberty's Mass Baptist Church 618 Melton Ave. Memphis, TN 38109	75.00
Mt. Moriah Baptist Church 1248 Haynes Rd. Memphis, TN 38114	100.00
Clifford & Lois Stockton 2420 Sherrie Cv. Memphis, TN 38114	100.00
Joyce & David Blackmon 1630 Westlawn Dr. Memphis, TN 38114	50.00
W. Gary Fleming 2742 Unicorn Ln Washington, DC 20015	250.00

DEPOSIT OF 28 MARCH 1990

Members To Save Lane Ave. Baptist Church 974 J.W. Williams Ln. Memphis, TN 38105	300.00

DEPOSIT OF 04 APRIL 1990

W. Dean Parker 1917 E. Person Ave. Memphis, TN 38114	$ 25.00
Bethlehem Baptist Church 746 Ayers St. Memphis, TN 38107	200.00
Renee Christopher P.O. Box 3304 Ocala, FL 32678	25.00

$ 1175.00

David D. Martin Real Estate 6619 Anapolis R. Bladensburg, MD 20710	$ 100.00

DEPOSIT OF 11 APRIL 1990

Pearl Crawford 1081 Court #834C Memphis, TN 38103	$ 10.00
Arthur Williams P.O. Box 14275 Memphis, TN 38114	20.00
Charles & Dorothy Hess 1676 S. Parkway E. Memphis, TN 38106	20.00
Gary Shorb 8473 Loften Cv. Cordova, TN 38018	100.00
Norrell Temporary Service, Inc. 3100 Directors Row Memphis, TN 38131	200.00
Bloomfield Baptist Church 123 S. Parkway W. Memphis, TN 38109	200.00
Greater Mt. Moriah Baptist Church 1098 S. Wellington Memphis, TN 38126	300.00
Charlotte W. Collins 914 N. McLean Memphis, TN 38107	300.00
James & Mary Ann Brown 2776 Unicorn Ln. NW Washington, DC 20015	400.00

$1650 00

DEPOSIT OF 18 APRIL 1990

Nathan Bicks & Andrea Bienstock 427 Meadvale Memphis, TN 38119	$ 150.00
David Upton 31 N. Rembert #4 Memphis, TN 38104	35.00
Mary c. Perkins 1863 Kendale Ave. Memphis, TN 38114	25.00
Rev. R.L. Jones 82 W. Falls Rd. Memphis, TN 38109	50.00
Cap & Bobbie Casey 199 Hillview Memphis, TN 38109	20.00
Greater Community Temple Church of God in Christ 924 N. Dunlap Memphis, TN 38107	500.00

DEPOSIT OF 24 APRIL 1990

Annie Webber 998 Oakview St. Memphis, TN 38114	$ 15.00
Lucille & Bobby Partee 1222 Empire Memphis, TN 38107	30.00
Larry & Carolyn Duberstein 4225 Walnut Grove Rd. Memphis, TN 38117	100.00
W.H. Smythe, III 581 S. Second Memphis, TN 38126	500.00

$1425.00

DEPOSIT OF 16 MAY 1990

Joseph B. Brown 2949 Spring Hill Memphis, TN 38127	$ 100.00
Sabrina Miller-Anderson 4538 Westmont Rd. Memphis, TN 38109	100.00
Pearl Crawford 1081 Court #834C Memphis, TN 38103	20.00
Sadie Copeland 1056 Linden Ave. Apt. 1014 Memphis, TN 38104	20.00

DEPOSIT OF 25 MAY 1990

Joe Dunlap 3798 Premier Ave. Memphis, TN 38118	$2,800.00
J.W. & Frances Pitman 3742 Summer Ave. Memphis, TN 38122	4,000.00
Jerry & Tona Siano 5386 Pleasant View Rd. Memphis, TN 38134	3,500.00
Cecil K. Marable, Jr. P.O. Box 280011 Memphis, TN 38168	2,700.00
Robert & Deborah Dunlap 5203 Bendel Cir. S. Memphis, TN 38117	2,775.00
Will & Phydra Callicut 4647 Forest Oak Way #2 Memphis, TN 38118	5.00
Arthur Williams P.O. Box 14278 Memphis, TN 38114	10.00

$16030.00

Dorothy & Donnell Adams 1264 Brown Memphis, TN 38107	$ 10.00
Charles E. Jones, Sr. Box 8242 Memphis, TN 38108	5.00
Veniece L. Starks 1304 N. Parkway Memphis, TN 38104	25.00
Olivia Dobbins 3118 Hoskins Rd. Memphis, TN 38111	50.00
Mark F. Hopkins 2045 Covington Pike Memphis, TN 38128	3,200.00
Aladdin's Wholesale Jewelry 3385 Summer Ave. Memphis, TN 38122	2,725.00
Beta Epsilon Omega Alpha Kappa Alpha Sorority, Inc. Memphis, TN	1,000.00

DEPOSIT OF 25 JUNE 1990

L.L. Merrill 1042 Forrest Memphis, TN 38105	$ 25.00
Mrs. Beecher Dobbs 284 W. Person Ave. Memphis, TN 38109	25.00
Benjamin & Mrs. Williams 575 N. White Station Rd. Memphis, TN 38117	25.00

DEPOSIT OF 07 SEPTEMBER 1990

Arthur James Williams P.O. Box 14275 Memphis, TN 38114	$ 20.00

$ 7110.00

Mt. Olive Missionary Baptist Church Highway 125 South Bolivar, TN 38008	$ 50.00
Christine Beard Rt. 1 Box 92 Whiteville, TN 38075	5.00
Myrtle & Evelyn Robertson Rt. 1 Box 177 Whiteville, TN 38075	5.00
Gail Walker 4338 Aldridge Dr. Memphis, TN 38109	60.00
Minerva Jarrett P.O. Box 257 Whiteville, TN 38075	5.00
Evelyne & Hughelene Robertson Rt. 1 Box 178 Whiteville, TN 38075	20.00
El Canaan Baptist Church P.O. Box 118 226 Jackson Whiteville, TN 38075	50.00
Brent J. Gurney 2909-B S. Woodley St. Arlington, VA 22206	50.00

$245.00

HAROLD FORD LEGAL DEFENSE FUND

March 7, 1990 (Fundraiser)
$10.00 @person

Total: $2,210.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
91 MAY 15 AM 8 31

William D. Ford
(Full Name)

2371 Rayburn HOB
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: MI District: 15	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC [redacted] (Office Use Only) (8)

In all cautions, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Natl. Assn. of Postmasters, Wash., D.C. (March 7)	Speech	$1,000.00	
	Council for Adv. & Support of Education, Wash., D.C. (March 15)	Speech	300.00	
	Amer. Assn. of School Administrators, San Fran., CA (March 15)	Speech	2,000.00	
	Amer. Vocational Assn., Wash., D.C. (March 19)	Speech	500.00	
	National Treasury Employees Union, Wash., D.C. (March 20)	Speech	2,000.00	
	Philip Morris, Inc., Wash., D.C. (March 23)	Speech	1,000.00	
	Natl. Assn. Secondary School Prins., Wash., D.C. (March 29)	Speech	250.00	
	Council of Chief State School Officers, Wash., D.C.(April 2)	Speech	1,000.00	
	Natl. Assn. Trade & Technical Schools, Wash., D.C. (April 18)	Speech	2,000.00	
	MassMutual Life Ins. Co., San Marcos, FL (April 23)	Speech	2,000.00	

For additional earned income, use next page

Reporting Individual's Name
William D. Ford

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (If needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Amer. Assn. State Colleges & Univs., Wash., D.C. (April 27)	Speech	$ 500.00	
Thomas Jefferson Days, St. Louis, MO (June 2)	Speech	$1,000 contribution to Wm. Clay Scholarship Fund in lieu of honorarium	
Higher Educ. Assistance Foundation, Wash., D.C. (June 6)	Speech	2,000.00	
Assn. of U.S. Postal Lessors, Wash., D.C. (June 12)	Speech	2,000.00	
Natl. Council Higher Ed Loan Programs, Wash., D.C. (June 18)	Speech	2,000.00	
Illinois State Assn. of Letter Carriers, Chicago, IL (June 22)	Speech	2,000.00	
Natl. Assn. Manufacturers, Wash., D.C. (July 5)	Speech	1,000.00	
Assn. of American Railroads, Wash., D.C. (July 5)	Speech	1,000.00	
Natl. Assn. Trade & Technical Schools, Wash., D.C. (July 13)	Speech	2,000.00	
Amer. Council Life Insurance, Wash., D.C. (July 25)	Speech	1,000.00	
Amer. Postal Workers Union, Las Vegas, NV (August 6)	Speech	2,000.00	x
Mailers Council, Wash., D.C. (August 6)	Speech	2,000.00	x
Natl. Assn. Postal Supervisors, San Diego, CA (August 27)	Speech	1,000.00	
Natl. Restaurant Assn., Wash., D.C. (December 7)	Speech	2,000.00	x
Williams & Jensen, Washington, D.C.	Spouse salary	NA	

Reporting Individual's Name
William D. Ford

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Congr. Fedl. Credit Union savings	X											X					X									
	IRA-Congr. Fedl. Credit Union		X														none										
	IRA-John Alden Life Ins. Co.		X														none										
	Keough-Lincoln Natl. Pension Co.			X													none										
S	Lot 27A Resub of Lots 26, 59, 29, Jos. P. Merritt's addition to Country Club Grove, Arl., VA (RPC-03-072-015)				X																						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William D. Ford

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Perpetual Savings Bank (savings)				x								x							x							
S	Passport Charters Assocs., L.P.		x														return of capital					x					x
S	Capitol Equipment Assocs. I, L.P.		x																								
S	Capitol Equipment Assocs. II, L.P.		x																								
S	IRA-Fidelity Magellan Fund			x													none										
S	Williams & Jensen, P.C. Pension & Profit-sharing plans						x										none										
S	Riggs Natl. Bank (checking & savings)		x										x						x								
S	Century Natl. Bank (checking & savings)		x										x						x								
S	Common stock, Williams & Jensen, P.C.		x																								

Reporting Individual's Name
William D. Ford

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Passport Charter Associates, Charter Boat Limited partnership in anticipation of partnership dissolution		X		10/1/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Williams & Jensen Pension Plan	Mortgage on real property, Arl., VA		X					
S	Williams & Jensen Pension Plan	Personal loan	X						
S	Century Natl. Bank	Personal loan (Paid 9/90)		X					

Reporting Individual's Name

William D. Ford

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Natl. Assn. of Letter Carriers		2/14-20/90	Roundtrip air travel from Wash., D.C. to Miami; 3 days meals and lodging	
Public Employee Dept., AFL-CIO		2/17-19/90	3 days meals and lodging, Miami, FL	
Amer. Assn. School Administrators		2/24-25/90	Roundtrip air travel, Wash., D.C. to San Francisco, CA; one night lodging and meals	
MassMutual Insurance Co.		4/22-23/90	Roundtrip air travel, Wash., D.C. to Ft. Myers, FL; one night lodging and meals	
Thomas Jefferson Days Committee		6/2-3/90	Roundtrip air travel, Wash., D.C. to St. Louis, MO; one night lodging and meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

William D. Ford

PART VII -- "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift
IL State Assn. Letter Carriers	6/22-23/90	Air travel from Washington, D.C. to Chicago, to Detroit, MI; one night lodging and meals	
American Assn. Postal Workers	8/2/90	Air travel from Washington, D.C. to Las Vegas, NV, to San Diego, CA (no lodging or meals)	
Natl. Assn. of Postal Supervisors	8/6/90	Air travel from San Diego, CA to Detroit, MI (no lodging or meals)	

Reporting Individual's Name
William D.Ford

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
William D Ford

DATE (Month, Day, Year)
5/14/91

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Barney Frank
(Full Name)

2404 Rayburn Bldg.
Washington, DC 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Massachusetts District: Fourth ☐ Officer or Employee Employing Office: ______

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

1991 MAY 15 AM 10:32
OFFICE OF [illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$5,000	
Fairfax County Board of Education	Spouse Salary	NA	
American Univ. Kennedy Political Union (2-27-90)	Speech	$1,500	
Harvard Univ. Wexner-Israel Fellowship (4-2-90)	Speech	$750	
Suffolk Univ. (Boston, MA), Wash. Campus (6-19-90)	Speech	$500	x
John Hancock Mutual Life Ins. (Boston, MA) (9-17-90)	Speech	$2,000	x

For additional earned income, use next page

Reporting Individual's Name
Barney Frank

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			102 Main Street, Dover, Delaware				X							X								X							
	US Trust (Boston, MA) - IRA					X									X							X							
	TIAA-CREF Retirement Account				X														None.	X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Barney Frank

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Firemans Fund Mortgage Corp.	Mortgage on 114 Floral St. (Newton, MA)			X				
	Sears Co.	Mortgage on 1328 Corcoran St., NW Washington, DC (1/2 interest)			X				
	First Mutual Bank (Newton, MA)	Home equity loan on Floral Street property		X					

Reporting Individual's Name
Barney Frank

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Campaign for Peace & Democracy/ East and West	Jan. 16-17 1990	Roundtrip air travel from Boston to New York, and food, lodging and incidental travel expenses	
WestPAC (Gay and Lesbian State and local PACs)	Feb. 15-16 1990	Roundtrip air travel from Boston to Palm Springs, CA, and food and lodging	
Japanese American Citizen League	June 22-23 1990	Air travel from Washington to San Diego to Boston, and food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Barney Frank

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Barney Frank

DATE (Month, Day, Year)
May 15, 1991

GPO 1991 37-098 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 JUN 17 PM 4:48
U.S. [illegible]
HAND DELIVERED

Gary A. Franks, M. C.
(Full Name)

925 Oronoke Road
Waterbury, CT 06708
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Connecticut District: 5th ☐ Officer or Employee Employing Office: ______

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC ⑧
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	City of Waterbury, Waterbury, CT	Salary	$4,000.	
	Times Equities, New York, NY	Spouse salary	n/a	
	(Note that spouse no longer works outside the home.)			

For additional earned income, use next page

Reporting Individual's Name
Gary A. Franks, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	See continuation sheet, page A2a																												

For additional assets and unearned income, use next page

1990 FINANCIAL DISCLOSURE
Continuation Sheet
ASSETS AND UNEARNED INCOME

PARTS II and III

ASSETS	YEAR END GROSS ASSET VALUE	INCOME SOURCE	INCOME VALUE	TRANSACTION
RUDO GROUP, INC. (S CORPORATION)	H	Dividend	none	X

The following properties were EXCHANGED for stock in Rudo Group, Inc. at the end of the year:

	ASSET VALUE	INCOME SOURCE	INCOME VALUE	TRANSACTION
RESIDENTIAL PROPERTY OWNED PERSONALLY IN WATERBURY, CT:				
66-68 Elmwood Avenue	none	Rent	VI	X
14-1/2 Colley Street	none	Rent	VI	X
186 Hillside Avenue	none	Rent	VI	X
180 Orange Street	none	Rent	VI	X
47 Grandview Avenue	none	Rent	VII	X
25-27 Bunker Hill Avenue	none	Rent	VI	X
Bunker Hill Ave.lot.	none	Rent	I	X
RESIDENTIAL PROPERTY OWNED PERSONALLY ELSEWHERE IN CT:				
11 New St., Naugatuck, CT	none	Rent	V	X
153-155 French Street in: Torrington, CT	none	Rent	VI	X
189 French Street in: Torrington, CT	none	Rent	V	X
19-21 Pythian Avenue in: Watertown, CT	none	Rent	VI	X

OTHER PROPERTY JOINTLY OWNED WITH SISTER, JOAN FRANKS, IN CHARLOTTESVILLE, VIRGINIA:	ASSET VAL	INCOME SOURCE	INCOME VALUE	TRANSACTION
134 Scarborough Place	D	Rent	IV	
Whitney Court	D	Rent	IV	X
OTHER PROPERTY SHARING 1/6th INTEREST WITH BROTHERS AND SISTERS IN WATERBURY, CT:				
176 Orange Street	E	Rent	V	
RESIDENTIAL PROPERTY OWN 1/2 INTEREST IN WATERBURY, CT:				
20 Shagbark Road	E	Rent	V	
CONNECTICUT NATIONAL BANK	C	Checking	Account	

Reporting Individual's Name

Gary A. Franks, M. C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	See continuation sheet, page A3a											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	See continuation sheet, page A3b								

6/17/91

GARY A. FRANKS, M.C.

1990 FINANCIAL DISCLOSURE
Continuation Sheet

PARTS IV

TRANSACTIONS

THE FOLLOWING PROPERTIES WERE EXCHANGED FOR STOCK IN RUDO GROUP, INC.:

RESIDENTIAL PROPERTY IN WATERBURY, CT:	TRANSACT	DATE	AMOUNT
66-68 Elmwood Avenue	Exchange	12/31/90	E
14-1/2 Colley Street	Exchange	12/31/90	E
186 Hillside Avenue	Exchange	12/31/90	E
180 Orange Street	Exchange	12/31/90	D
47 Grandview Avenue	Exchange	12/31/90	E
25-27 Bunker Hill Avenue	Exchange	12/31/90	E
Vacant lot, Bunker Hill Ave.	Exchange	12/31/90	C
RESIDENTIAL PROPERTY OWNED ELSEWHERE IN CT:			
11 New St., Naugatuck	Exchange	12/31/90	D
153-155 French St., Torrington	Exchange	12/31/90	E
189 French St., Torrington	Exchange	12/31/90	E
19-21 Pythian Ave., Watertown	Exchange	12/31/90	E

PROPERTY JOINTLY OWNED WITH SISTER,
JOAN FRANKS, IN CHARLOTTESVILLE, VIRGINIA:

Whitney Court	Sold	summer 1990	C

6/17/91

GARY A. FRANKS, M.C.

1990 FINANCIAL DISCLOSURE

PART V

LIABILITIES
Continuation Sheet

page A-3b

CREDITOR	TYPE OF LIABILITY	CATEGORY	MORTGAGE ON:
American Bank, Waterbury, CT	Mortgages	F	Grandview Av., Hillside Ave. Pythian Av. (1st mortgage) Shagbark Road
Avis Mortgage	Mortgage	B	Elmwood Av. (2nd Trust)
City Trust, Waterbury, CT	Mortgage	C	Pythian Av. (2nd Trust)
Coastal Savings & Loan (formerly New London Federal Savings & Loan, New London, CT)	Mortgage	C	Hillside Ave. (2nd Trust)
Connecticut National Bank, Waterbury, CT	Loan	C	
Derby Savings, Derby, CT	Mortgage	D	Orange St. (1/6 interest w/fa
First Constitution, New Haven, CT	Mortgage	E	Colley St.
First Federal Savings & Loan of Torrington--Torrington, CT	Mortgages	E	French St. properties
Maryland Bank of North America (MBNA) Baltimore, MD	Unsecured Personal loan	B	
Naugatuck Savings Bank, Naugatuck, CT	Mortgage & loan	D	Elmwood Avenue
Naugatuck Valley Savings & Loan, Naugatuck, CT	Mortgages	E	New Street, Bunker Hill prope
Vacalabre, Carmen	Unsecured business loan	C	

Reporting Individual's Name
Gary A. Franks, M. C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
		N/A	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
			N/A	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Gary A. Franks

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XX

Positions	Name of Organization
N/A	(Note that I have resigned all prior positions)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement
	N/A	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

Gary A. Franks, M. C.

DATE (Month, Day, Year)
June 17, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 10 AM 10: 02
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Martin Frost
(Full Name)

2459 Rayburn Building
(Mailing Address)
Washington, D. C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: Texas — District: 24th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Connell Rice & Sugar, New Jersey (Jan.24, 1990)	Speech	$2,000	
	Rockwell Int'l., El Segundo, Calif.(Feb.22,1990)	Speech	2,000	
	Northrop Corp. Los Angeles, Calif.(Mar. 2, 1990)	Speech	2,000	
	Capitol Consultants, Washington, DC (Apr. 17,1990)	Speech	1,000	
	Interstate Nat'l. Gas Assn. Wash. DC(Apr. 18,1990)	Speech	2,000	
	Gas Distrib. Exchange,Wash.,DC (Apr. 19, 1990)	Speech	1,000	
	Am. Council of Life Ins.,Wash.,DC (Apr. 24, 1990)	Speech	1,000	
	Am. Fin. Services Assn.,Wash.,DC (May 10,1990)	Speech	2,000	
	Brookings, Institution,Wash.,DC (May 15,1990)	Speech	400	
	Am. Income Life Ins.,Waco,Tx. (June 19, 1990	Speech	2,000	

For additional earned income, use next page

Reporting Individual's Name: Martin Frost

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Nat'l Ag. Chemicals Assn.,Wash,DC (June22,1990)	Speech	$500	
Chicago Bd. of Trade,Chicago,Ill.(Jul.5,1990)	Speech	750	
Chicago Merc.,Exchange,Chicago,Ill.(Jul.5,1990)	Speech	750	
Camp,Barsh,Bates & Tate,Wash,DC (Oct.24, 1990)	Speech	2,000	
Textron, Providence, R.I. (Nov. 2, 1990)	Speech	2,000	
Atlantic Richfield, Shelbyville, Ky. (Nov. 30,1990)	Speech	2,000	

Reporting Individual's Name

Martin Frost

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Central & Southwest Stock			X							X									X							
			Eli Lilly Stock			X							X								X								
			Exxon Stock			X							X									X							
			Fundamental Investors Mutual F.			X							X			X						X							
			General Motors Stock		X								X								X								X
			Houston Industries Stock		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Martin Frost

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Merck Stock	x									x								x								
	Schering Plough Stock	x									x							x									
	Quaker Oats Stock (IRA)	x									x							x									
	Treasury C.A.T.S. (IRA)	x											x					x									
	Municipal Investment Trust Fund	x											x					x									
JT	Walmart Stock		x								x							x									
JT	McDonalds Stock	x									x																
JT	Rental Property, Dallas, Texas		x									x										x					
S	Waste Mgt. Stock	x									x							x									
S	Blockbuster Stock	x																x									
S	Treasury C.A.T.S. (IRA	x											x					x									
DC	Kelley Services	x									x							x									
DC	Treas.Certificates of Accural		x										x							x							
DC	NCNB, Dallas,Tx.,Savings Acct.			x									x								x						
DC	United Savings,Houston,Tx Sv.Act.	x											x						x								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Martin Frost

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Bell South, Stock		X								X								X								
DC	Duke Power, Stock		X								X								X								X
DC	Federal Ins. Mortgage		X								X							X									
DC	Florida Progress Stock		X								X								X								X
DC	Nynex Stock		X								X								X								
DC	Pacific Am. Inc., Stock		X								X								X								
DC	RYMAC Corp.,Stock		X								X								X								
DC	SCE Corp., Stock		X								X								X								
DC	Southwestern Bell Stock		X								X								X								
DC	Bond, Conroe, Tx. ISD		X									X						X									
DC	Bond, Md. St. Health & Higher Ed		X									X						X									
DC	Bond, Austin,Tx Combined Utility		X									X						X									
DC	Shaw's of Tx. Stock		X								X							X									

Financial Disclosure A-2(a)

MARTIN FROST
24th District, Texas

RULES COMMITTEE

HOUSE ADMINISTRATION COMMITTEE

DEPUTY MAJORITY WHIP

Congreſs of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
2459 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-3605

DISTRICT OFFICES:
Dallas, Texas 75208
☐ NCNB Tower, Room 1319
400 South Zang Boulevard
(214) 948-3401

Grand Prairie, Texas 75051
☐ NCNB Tower, Room 720
801 West Freeway
(214) [illegible]1503

Please reply to [illegible] checked

22 May 1991

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OFFICE OF RECORDS & REGISTRATION
MAY 23 AM 7:43

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

INSIDE MAIL

✓ MC ⑩

Donnald K. Anderson, Clerk
U. S. House of Representatives
Office of Records and Regristration
1036 Longworth Building
Washington, D. C. 20515

Dear Donn:

Pursuant to the checklist you forwarded requesting additional information on my Financial Disclosure Statement, I have responded to your request as follows:

Part II Assets:

The address of the rental property is 2535 Wedglea, Dallas, Texas

Part IV. Transactions:

As you will note, I have added an amendment to Part IV with the following explanations:

(1) Public Service of New Mexico is not mentioned because its value is less than $1,000. It is still owned.

(2) Municipal Investment Trust Fund was acquired by inheritance in 1983.

(3) Bond, Conroe, Texas was bought 1/26/89

(4) Shaw's of Texas was acquired by inheritance in 1989.

Part VII:

The dates of travel for reimbursement of transportation, food and lodging have been added.

Should you need further information, please let me know. The Financial Disclosure Statement is resubmitted, as amended.

Sincerely,

MFrost

Martin Frost

MF/jdm

Reporting Individual's Name
Martin Frost

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	General Motors Stock		X		12/31/90	X						
DC	Duke Power Stock	X			2/16/90	X						
DC	Florida Progress Stock	X			2/16/90	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Wilmington Del. Savings Fund Soc.	Mort. on 2535 Wedglea,Dallas		X					

Reporting Individual's Name
Martin Frost

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18. **NONE** ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22. **NONE** ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Rockwell Int'l./Northrop Corp			Roundtrip Air from Wash.D.C. to Los Angeles,Calif & 1 day food & lodging	
Chicago Board of Trade/ Chicago Merc. Exchange			Roundtrip Air from Wash.D.C. to Chicago and lunch.	
Aspen Institute			Roundtrip Air from Wash.D.C. to Prague, 5 days food and lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Martin Frost

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/10/91

GPO: 1981 37-068 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 10 AM 10:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Martin Frost
(Full Name)

2459 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: Texas District: 24th ☐ Officer or Employee Employing Office: ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

HAND DELIVERED
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U.S. HOUSE OF REPRESENTATIVES

1389

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Connell Rice & Sugar, New Jersey (Jan.24, 1990)	Speech	$2,000	
	Rockwell Int'l., El Segundo, Calif.(Feb.22,1990)	Speech	2,000	
	Northrop Corp. Los Angeles, Calif.(Mar. 2, 1990)	Speech	2,000	
	Capitol Consultants, Washington, DC (Apr. 17,1990)	Speech	1,000	
	Interstate Nat'l. Gas Assn. Wash. DC(Apr. 18,1990)	Speech	2,000	
	Gas Distrib. Exchange,Wash.,DC (Apr. 19, 1990)	Speech	1,000	
	Am. Council of Life Ins.,Wash.,DC (Apr. 24, 1990)	Speech	1,000	
	Am. Fin. Services Assn.,Wash.,DC (May 10,1990)	Speech	2,000	
	Brookings, Institution,Wash.,DC (May 15,1990)	Speech	400	
	Am. Income Life Ins.,Waco,Tx. (June 19, 1990	Speech	2,000	

For additional earned income, use next page

Reporting Individual's Name
Martin Frost

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (If needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Nat'l Ag. Chemicals Assn.,Wash,DC (June22,1990)	Speech	$500	
Chicago Bd. of Trade,Chicago,Ill.(Jul.5,1990)	Speech	750	
Chicago Merc.,Exchange,Chicago,Ill.(Jul.5,1990)	Speech	750	
Camp,Barsh,Bates & Tate,Wash,DC (Oct.24, 1990)	Speech	2,000	
Textron, Providence, R.I. (Nov. 2, 1990)	Speech	2,000	
Atlantic Richfield, Shelbyville, Ky. (Nov. 30,1990)	Speech	2,000	

Reporting Individual's Name
Martin Frost

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Central & Southwest Stock			X							X									X							
			Eli Lilly Stock			X							X								X								
			Exxon Stock			X							X									X							
			Fundamental Investors Mutual F.			X							X			X						X							
			General Motors Stock		X								X								X								X
			Houston Industries Stock		X								X								X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Martin Frost

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Merck Stock		x								x								x								
	Schering Plough Stock		x								x							x									
	Quaker Oats Stock (IRA)		x								x							x									
	Treasury C.A.T.S. (IRA)		x										x					x									
	Municipal Investment Trust Fund		x										x					x									
JT	Walmart Stock			x							x							x									
JT	McDonalds Stock		x								x																
JT	Rental Property, Dallas, Texas			x								x										x					
S	Waste Mgt. Stock		x								x							x									
S	Blockbuster Stock		x															x									
S	Treasury C.A.T.S. (IRA		x										x					x									
DC	Kelley Services		x								x							x									
DC	Treas.Certificates of Accural			x									x								x						
DC	NCNB, Dallas,Tx.,Savings Acct.				x								x									x					
DC	United Savings,Houston,Tx Sv.Act.		x										x						x								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Martin Frost

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Bell South, Stock		X								X								X								
DC	Duke Power, Stock		X								X								X								X
DC	Federal Ins. Mortgage		X								X							X									
DC	Florida Progress Stock		X								X								X								X
DC	Nynex Stock		X								X								X								
DC	Pacific Am. Inc., Stock		X								X								X								
DC	RYMAC Corp.,Stock		X								X								X								
DC	SCE Corp., Stock		X								X								X								
DC	Southwestern Bell Stock		X								X								X								
DC	Bond, Conroe, Tx. ISD		X									X						X									
DC	Bond, Md. St. Health & Higher Ed		X									X						X									
DC	Bond, Austin,Tx Combined Utility		X									X						X									
DC	Shaw's of Tx. Stock		X								X							X									

Reporting Individual's Name

Martin Frost

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	General Motors Stock		X		12/31/90	X						
DC	Duke Power Stock	X			2/16/90	X						
DC	Florida Progress Stock	X			2/16/90	X						
	See Amendment attached											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Wilmington Del. Savings Fund Soc.	Mort. on 2535 Wedglea,Dallas		X					

AMENDMENT

Part IV - Transactions

(1) Public Service of New Mexico is not mentioned because its value is less than $1,000. It is still owned

(2) Municipal Investment Trust Fund was acquired by inheritance in 1983

(3) Bond, Conroe, Texas was bought 1/26/89

(4) Shaw's of Texas was acquired by inheritance in 1989

Reporting Individual's Name
Martin Frost

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calender year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Rockwell Int'l./Northrop Corp		Feb. 8-9 1990	Roundtrip Air from Wash.D.C. to Los Angeles,Calif & 1 day food & lodging	
Chicago Board of Trade/ Chicago Merc. Exchange		Jul.9 1990	Roundtrip Air from Wash.D.C. to Chicago and lunch.	
Aspen Institute		Aug.25-31, 1990	Roundtrip Air from Wash.D.C. to Prague, 5 days food and lodging.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Martin Frost

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) 5/10/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 AM 9 23
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jaime B. Fuster
(Full Name)

427 Cannon House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Puerto Rico District: —	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Bradley University (May 23, 1990)	Honorarium	$2,000.00	
Brown University (November 28, 1990)	Honorarium	$ 934.00	
Georgetown University (December 10, 1990)	Honorarium	$ 400.00	

For additional earned income, use next page

Jaime B. Fuster

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
				none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		x								x								x								x
			George Wash. Credit Union Accounts			x									x								x						
			182 Main Street, Dover, Delaware				x							x								x							
			Government of Puerto Rico bonds						X						X										X				X
			G.N.M.A. Secured Mortgage Certificates							X					X											X			X
			2 Patricia Street, Bayamon, Puerto Rico					X						X									X						-
			Equity in 1/4 acre plot owned in partnership in Dorado, Puerto Rico		X															X									
			Equity in 5 acre plot owned in partnership in Trujillo Alto, Puerto Rico		X															X									
			Ponce Federal Bank				X								X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jaime B. Fuster

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Banco Financiero of Ponce, P.R.			X									X								X						
	Citibank of Washington, DC			X									X						X								
	IRA at Banco de Ponce, Puerto Rico			X									X							X							
	Univ. of Puerto Rico Retirement Plan			X														X									
	Govt. of P.R. Employee Savings Plan		X															X									

Reporting Individual's Name
Jaime B. Fuster

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	G.N.M.A. Secured Mortgage Certificate		X		4-23-90		X					
	G.N.M.A. Secured Mortgage Certificate	X			5-30-90			X				
	Government of Puerto Rico bond		X		7-3-90	X						
	G.N.M.A. Secured Mortgage Certificate	X			9-4-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Chase Manhattan Bank of Puerto Rico	Mortgage on 2 Patricia Street Bayamon, Puerto Rico			X				

Reporting Individual's Name

Jaime B. Fuster

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE X

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE X

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jaime B. Fuster

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member	Hispanic Caucus Institute

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jaime B Fuster	May 15, 1990

GPO: 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -9 AM 10: 22
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

ELTON GALLEGLY
(Full Name)

1791 Erringer Road, Suite 204
(Mailing Address)
Simi Valley, CA 93065

Filer Status	☒ Member of the U.S. House of Representatives State: California District: 21	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Northrop Corporation (March 23, 1990)	Honoraria	$2,000.00	
	National Assn. of Realtors (April 23, 1990)	Honoraria	$1,000.00	
	Dynamic Realty (spouse)	Prop. Management	N/A	
	Nostalgia Junction (spouse)	Sales	N/A	

For additional earned income, use next page

Reporting Individual's Name
ELTON GALLEGLY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	1791 Erringer Rd., Simi Valley, CA						XX					XX											XX				
	1353 Agnew St., Simi Valley, CA					XX						XX										XX					X
	1365 Agnew St., Simi Valley, CA					XX						XX									XX						X
	Valley Federal Savings		XX										XX						XX								
	Vacant lot Tahoe Keys, Lake Tahoe CA (½ interest with D. Ross)				X	~~XX~~												XX									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ELTON GALLEGLY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Dynamic Realty		XX															XX									
S	Nostalgia Junction (antiques on hand)				X	X												X									
	Simi Valley Bank, Simi Valley, CA			X														X									
	IRA - Sierra Capital Realty Trust			X							X										X						
	IRA - Carnegie Cappiello Trust	X																X									
	IRA - Idex Fund 3			X							X									X							
	IRA - Ventura Pacific Capital Group	X																X									
S	IRA - Carnegie Cappiello	X									X								X								
S	IRA - Bank of A. Levy	X											X						X								
	Keough - Bank of A. Levy	X											X						X								

Reporting Individual's Name
ELTON GALLEGLY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	One-half interest in 1365 Agnew St., Simi Valley, CA exchanged			XX	6-30-90			XX				
	for full interest in 1353 Agnew St., Simi Valley, CA			XX	6-30-90			XX				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	H. L. Schweitzer, P.O.Box 602, Tujunga, CA	Mortgage on 1791 Erringer, SV, CA			X				
	Valley Federal, Simi Valley, CA	Mortgage on 1353 Agnew, SV, CA		X					
	Valley Federal, Simi Valley, CA	Mortgage on 1365 Agnew, SV, CA		X					

Reporting Individual's Name
ELTON GALLEGLY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute		11-30/12-2-90	3 days lodging & food, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ELTON GALLEGLY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 5, 1991

GPO: 1991 37-500 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

1991 MAY 14 AM 9 04

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Dean A. Gallo
(Full Name)

64 Continental Road
(Mailing Address)

Morris Plains, New Jersey 07950

Filer Status	☒ Member of the U.S. House of Representatives	State: New Jersey District: 11	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$800	X
ABC Corporation	Director's Fee	$8,000	
Fairfax County Board of Education	Spouse Salary	NA	
Gallo & DeCroce Inc. Parsippany, NJ	Years Salary-W-2	$15,600	
Coalition for Employment through Exports(Mar 7,1990)	Honorarium	1,000	X
G P U Service (March 14, 1990)	Honorarium	500	X
American Trucking Association (April 4, 1990)	Honorarium	1,000	X
Ship Builders Council of America(May 9, 1990)	Honorarium	1,000	X

For additional earned income, use next page

Reporting Individual's Name
Dean A.Gallo

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Congressional Federal Credit Union-Sav A/C				X										X					X									
	Morris County Fedreal Credit Union-Sav A/C			X											X					X									
	202 North Associates Parsippany, NJ 25%interest							X							X				Partner- ship Inc	X	X								
	D&H Enterprises Hanover, NJ 25% interest						X								X				Partner ship Inc	X		X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Dean A. Gallo

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Zodiac Futures Fund St. Louis, MO. .19659 interest		X										X					X									
	A G Edwards & Sons Money Mkt & Invest A/C					X					X		X								X						
	A G Edwards Tax Exempt			X									X								X						
	Oppenheimer Director Fund			X							X								X								
	Templeton Growth Fund			X							X									X							
	Investment Company of America		X								X								X								
	Gallo & DeCroce Inc 50% Common Stock			X							X						Salary	X					X				
	Gal Lex & Tedesco Inc. 25% Common Stock			X														X									
	Powder Mill Bank Investor Common Stock				X												Director Fee			X							
	Gallo, DeCroce & Hubler Inc (in liquidation)	X															Sub S Corp Inc				X						
	Rand Associates Hanover, NJ 25% interest				X												Partnership Inc	X									
	7410 Partnership Morris Plains, NJ 50% interest					X											Partnership Inc	X									
	Fox Ridge Associates Morris Plains, NJ 16.67%int.	X															Partnership, Inc					X					
	Franklin Ridge Associates Rockaway, NJ 331/3% interest			X													Partnership, Inc	X									

DEAN A. GALLO
11th District, New Jersey

APPROPRIATIONS COMMITTEE

SUBCOMMITTEES
ENERGY AND WATER
DISTRICT OF COLUMBIA
RANKING MINORITY MEMBER

REGIONAL WHIP

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
1318 Longworth Building
Washington, DC 20515
(202) 225-5034

DISTRICT OFFICES
101 Gibraltar Drive
Suite 2-D
Parsippany-Troy Hills Twp
Morris Plains, NJ 07950
(201) 984-0711

22 North Sussex Street
Dover, NJ 07801
(201) 328-7413

3 Fairfield Avenue
West Caldwell, NJ 07006
(201) 228-9262

HAND DELIVERED

May 28, 1991

1991 MAY 31 AM 9 16
U.S. HOUSE OF REPRESENTATIVES

MC

The Honorable Louis Stokes
Committee on Standards
Suite HT-2, U.S. Capitol
Washington D.C. 20515

Dear Congressman Stokes:

I would like to expand upon my Financial Disclosure Statement to list as assets and unearned income under Parts II and III the following: Freeport-McMoran Copper Co, value of B which is $1,000 to $15,000, dividend income, amount of income category I which is less than $201; also, Scudder New Europe Fund, value of B, dividend income, amount of income category 1; and, Handex Environmental Recovery, value of B, dividend income and amount of income category II which is $201 to $1,000. All of these holdings were listed under Part IV Transactions as aquisitions made in 1990, but inadvertently not also listed under Parts II and III, Assets and Unearned Income.

I had listed my IRA information as a summarized item under Parts II and III but would like to augment that listing by providing the following detail for the account which is managed by the A.G. Edwards brokerage firm. The account consists of the following assets: Greenwood Trust, Value Category B, dividend income, Amount of Income, Category I; Kemper Investment Portfolio, Value Category B, dividend income, Amount of Income Category I; Manufacturers Hanover Trust, Value Category B, dividend income, Amount of Income Category I; River Bank America, Value Category B, dividend income, Amount of Income Category I; Ryland Acceptance Corp., Value Category B, dividend income, Amount of Income Category I; Warner Lambert Corporation, Value Category B, dividend income, Amount of Income Category I; and, finally, Daily Cash Accumulation Fund, Value Category B, dividend income, Amount of Income Category 1. Taken as a group, the total value of these assets falls within Category C and the income within Category II as reported on page A-2(a)-2.

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Dean A. Gallo

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Park Hill Estates Parsippany, NJ 331/3%interest				X												Partnership					X					
	I R A Funds various funds for member			X													IRA'S			X							
	Gibraltar Savings Bank savings account	X											X					X									
	G.T. Europe Growth Fund		X								X							X									X
	Battle Mountain Gold Co.													X				X									X
	American Telephone & Telegraph										X			X				X			X						X

Reporting Individual's Name	Dean A. Gallo

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

			Type of Transaction (X)				Amount of Transaction						
			Purchase	Sale	Exchange	DATE (MO. DAY. YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets												
	Example: ABC Corporation Common Stock		X			10-12-90			X				
	* G T Europe Growth Fund	shares	X			12/21/89	X						
	Freeport- McMoran Copper Co	stock	X			2/1/90	X						
	Scudder New Europe Fund Inc	shares	X			2/9/90	X						
	Handex Environmental Recovery	stock	X			9/6/90	X						
	Battle Mountain Gold Co	stock		X		2/1/90	X						

*Transaction completed late in 1989-no 1099- unintentionally omitted
deminus impact to 1989

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Dean A. Gallo

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	American Telephone & Telegraph Shares		X		3/21/90		X					
	IRA Acct with A G Edwards & Sons Inc (activity below)											
	Redemption Piedmont Federal FSB CD		X		4/18/90	X						
	Warner Lambert Co	X			5/25/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Dean A. Gallo

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Dean A. Gallo

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	See Financial Disclosure Detail
	Page A-5 (a) Attached

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL x Dean A. Gallo	DATE (Month, Day, Year) 05/14/91

GPO 1991 37-089 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

REPORTING INDIVIDUAL
DEAN A. GALLO

PART VIII-POSITIONS

POSITIONS	NAME OF ORGANIZATION
President	Gallo & DeCroce, Inc. Parsippany, NJ
Vice President	Gal Lex & Tedesco, Inc. Parsippany, NJ
President	Gallo, DeCroce, & Hubler, Inc (in liquidation)
Partner 25%	D&H Enterprises E. Hanover, NJ
Partner 25%	Rand Associates E. Hanover, NJ
Partner 50%	7410 Partnership Morris Plains, NJ
Partner 16.67%	Fox Ridge Assoc. Morris Plains, NJ
Partner 33 1/3%	Franklin Ridge Assoc. Morris Plains, NJ
Partner 25%	202 North Associates, Parsippany, NJ
Partner .19659%	Zodiac Futures Fund St. Louis, MO
Partner 33 1/3%	Park Hill Estates Parsippany, NJ
Director	Powder Mill Bank Morris Plains, NJ
Investor	All Mutual Funds listed in II & III
Investor	Various Savings Accounts

page 2.
May 29, 1991

As noted in Part IV, Warner Lambert was purchased in 1990. The other assets were purchased prior to 1990.

Finally I want to note that Beechwood Associates, listed in 1989, actually was liquidated in 1988 and its assets distributed. The final distribution was made in 1989.

I would appreciate your including this letter of amendment with my Financial Disclosure Statement for Calendar Year 1990.

Sincerely,

Dean Gallo

DEAN A. GALLO
Member of Congress

DAG:tmm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 3:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

JOSEPH M. GAYDOS
(Full Name)

3000 Valley Ridge Road
McKeesport, PA 15133
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: PA District: 20th ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

MC (Office Use Only) ⑥

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Nat'l. Advisory Council of Private Career Schools New Orleans, LA (April 24, 1990)	Speech	$2,000	
	Fireman's Fund Insurance Co. San Francisco, CA (April 9,1990)	Speech	1,000	
	Laborers Internatinal Union San Francisco, CA (April 9, 1990)	Speech	2,000	
	Pacific Telesis, Inc. San Francisco, CA (April 10, 1990)	Speech	1,000	
	Port of Oakland San Francisco, CA (April 10, 1990)	Speech	1,000	
	Waste Management Corp. Chicago, IL (April 12, 1990)	Speech	2,000	
	Chicago Board of Trade & Chicago Mercantile Exchange Chicago, IL (April 20, 1990)	Speech	1,500	
	Bethlehem Steel Corp. Washington, DC (May 2,1990)	Speech	1,000	
	National Maritime Safety Association Hilton Head, SC (June 7, 1990)	Speech	1,000	
	American Iron & Steel Institute Washington, DC (September 19,1990)	Speech	2,000	

For additional earned income, use next page

Reporting Individual's Name
JOSEPH M. GAYDOS

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Int'l Assn. of Heath & Frost Insulators & Asbestos Workers, St. Louis, MO (December 14, 1990)	Speech	$2,000	
United Technologies Corp. Orlando, FLA (October 25, 1990)	Speech	2,000	
USX Washington, DC (September 17, 1990)	Speech	2,000	
Bethlehem Steel Corp. Washington, DC (November 16,1990)	Speech	1,000	
American Maritime Officers Service Washington, DC (November 9, 1990)	Speech	2,000	

Reporting Individual's Name
JOSEPH M. GAYDOS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	Apartment 406, 305 C Street, NE Washington, DC 20002				X							X								X							
	Wright Patman Cong. Credit Union Washington, DC 20515		X										X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name
JOSEPH M. GAYDOS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	None											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Maryland National Mortgage Corp. Baltimore, MD	Mortgage on Apt. 406, 305 C St.,NE Washington, DC		X					
	Three Rivers Bank 300 Fifth Ave., McKeesport, PA	Personal loan	X						

Reporting Individual's Name
JOSEPH M. GAYDOS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE None

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Nat'l. Advisory Council of Private Career Schools, New Orleans, LA	3/6/90	Roundtrip air Wash., DC-New Orleans-Wash., DC	
Chicago Board of Trade & Chicago Mercantile Exch., Chicago, IL	4/20/90	Roundtrip air Pittsburgh, PA-Chicago-Pittsburgh	
Nat'l. Maritime Safety Assn. Hilton Head, SC	6/7/90 - 6/8/90	Roundtrip air Washington-Hilton Head-Wash. & one day lodging	
International Assn. of Heat & Frost Insulators & Asbestos Workers	St. Louis, 9/7/90	MO Roundtrip air Pittsburgh, St. Louis, MO - Pittsburgh	
United Technologies Corp. Orlando, FL	9/10/90	Roundtrip air Pittsburgh, Orlando, FL - Pittsburgh	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOSEPH M. GAYDOS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization
None	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
None		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joseph M Gaydos	**DATE (Month, Day, Year)** May 9, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 12:42
U.S. [illegible] REPRESENTATIVES
HAND DELIVERED

Samuel Gejdenson
(Full Name)

2416 Rayburn HOB
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Connecticut — District: 02	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (5)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	E.A. Jaenke & Associates, Inc. Washington, DC February 15, 1990	speech	$ 2,000	X
	National Association of Manufacturers Washington, DC April 4, 1990	speech	$ 500	X
	Turner Broadcasting System, Inc. Washington, DC April 14, 1990	TV appearance fee	$ 200	X
	Semiconductor Equipment and Materials International Washington, DC April 24, 1990	speech	$ 2,000	X
	Baltimore Jewish Council Baltimore, MD May 8, 1990	speech	$ 750	X
	Israel Bonds New York, NY June 4, 1990	speech	$ 2,000	X
	American Nuclear Energy Council Washington, DC June 7, 1990	speech	$ 300	X
	American Electronics Association Washington, DC June 26, 1990	speech	$ 2,000	X
	International Management and Development Institute Washington, DC November 14, 1990	speech	$ 2,000	X
	Lone Oak Montessori School Bethesda, MD	spouse salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Samuel Gejdenson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock	X								X								X								X
			George Wash. Credit Union Accounts		X									X								X						
			182 Main Street, Dover, Delaware			X							X								X							
JT	110-3rd St, NE Washington, DC (basement apartment)					X							X										X					
S	Georgia Power (2004 bonds)			X										X							X							
S	Reliance Group (1988 bonds)			X										X						X								
JT	(savings, IRA) Wright Patman Cong. Fed. Credit Union			X										X						X								
JT	Presidential Savings, Washington, DC			X										X						X								
JT	Anchor Natl Life Ins. Co., Denver (IRA)			X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Samuel Gejdenson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Samuel Gejdenson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
PBS Civil War Series	videotapes	$120.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	Simon Meisler Memorial Foundation (speech)	Feb. 18	R/T airfare from DC to Phoenix, 1 night lodging, ground transp.	
	Israel Bonds (speech)	June 4	R/T airfare from DC to NYC, 1 night lodging, ground transportation	
	Joint Action Committee (speech)	Nov. 19	R/T airfare from DC to Providence, RI	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Samuel Gejdenson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 1:07

HAND DELIVERED

George W. Gekas
(Full Name)

732 South 25th Street
(Mailing Address)

Harrisburg, Pennsylvania 17111

Filer Status ☒ Member of the U.S. House of Representatives State: PA District: 17 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Gordon D. Myers, M.D.	Spouse Salary	N/A	
	Commonwealth of Pennsylvania - State Employee's Retirement System	Pension	$14,008	

For additional earned income, use next page

Reporting Individual's Name

George W. Gekas

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:																										
S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Dauphin Deposit Bank (IRA) Harrisburg, PA		X										X						X								
S	Mutual Life Insurance of N.Y. (IRA)		X										X						X								
	Harris Savings Association Harrisburg, PA		X										X						X								
	Congressional Federal CU Washington, DC		X										X						X								
	Dauphin Deposit Bank Harrisburg, PA			X									X							X							
	Mid Penn Bank (CD's) Millersburg, PA				X								X								X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

George W. Gekas

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	U.S. Savings Bonds			x									x					x									
S	U.S. Savings Bonds		x										x					x									
S	New York Life New York, NY									Life Insurance			x					x									
	Dean Witter Reynolds, Inc. Unit Municipal Inv. Trust Fund		x										x						x								
	Equitable Life Assurance Milford, CT									Life Insurance			x						x								
	Financial Industrial Fund Denver, CO	x									x							x									
	CCNB Corporation Stock (1/2 int.)			x							x									x							
S	CCNB Corporation Stock		x								x								x								
S	Commonwealth Nat'l Bank (NOW) Harrisburg, PA		x										x						x								
S	Harris Savings Association Harrisburg, PA		x										x					x									
	CCNB Corporation New Cumberland, PA		x										x					x									
	Hill Financial and	These accounts were not disclosed due to the fact that value																									
	Walston Municipal Fund	was less than $1,000 and there was no income																									

1434

Reporting Individual's Name

George W. Gekas

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
George W. Gekas

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
George W. Gekas

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	First Federal Savings & Loan Savings Accounts held interest for Smyra Gekas, Valerie Gekas & Leah Smirlis

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/14/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 PM 8 09

HAND DELIVERED

RICHARD A. GEPHARDT
(Full Name)

H-148, The Capitol
(Mailing Address)

Washington, D.C. 20515

Filer Status: ☒ Member of the U.S. House of Representatives State: Missouri District: 03 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	(See Attached Schedule)			

For additional earned income, use next page

Richard A. Gephardt
1990 Financial Disclosure Statement

PART I - EARNED INCOME, INCLUDING HONORARIA

Source	Type	Amount	Charity
Northern Virginia Medical Assn., PC	Spouse salary	N/A	N/A
Philadelphia Bar Assn. (1/24/90)	Speech	$2,000	
The Home Group (1/18/90)	Speech	$1,000	
Morgan Stanley (2/15/90)	Speech	$2,000	
Edward D. Jones (2/15/90)	Speech	$2,000	
Coalition Against Regressive Taxation (2/23/90)	Speech	$2,000	
Transamerica Corp.(2/13/90)	Speech	$2,000	
Timmons & Company (2/21/90)	Speech	$2,000	
Direct Selling Assn.(3/2/90)	Speech	$2,000	
Independent Insurance Agents of Amer. (4/12/90)	Speech	$2,000	
Evans & Novak (4/10/90)	Debate	$500	
Citgo (4/10/90)	Speech	$2,000	
Amer. Council of Capital Formation (4/25/90)	Speech	$2,000	
Wine Institute (4/20/90)	Speech	$2,000	
BMWE-TCU (6/4/90)	Speech	$2,000	
Amer. Assn. of Airport Executives (4/17/90)	Speech	$2,000	
ADAPSO (6/4/90)	Speech	$2,000	Partial
Washington Post	Op-ed piece	$300	
Washington Post	Op-ed piece	$200	
Jones Day (12/14/90)	Speech	$2,000	X
Preston, Gates, Rouvelas & Meeds (12/18/90)	Speech	$2,000	X
Timmons and Company (12/19/90)	Speech	$2,000	X

Reporting Individual's Name

Richard A. Gephardt

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Exam-ples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	SEE ATTACHED SCHEDULE																												

For additional assets and unearned income, use next page

Richard A. Gephardt
1990 Financial Disclosure Statement

PARTS II AND III - ASSETS AND "UNEARNED" INCOME

S, DC, JT	Asset/Income Source	Category of Value	Type of Income	Category of Amount of Income	Transaction
JT	Dreyfus Money Market Fund	B	Dividends	III	
JT	Bond Fund of America	A	Dividends	II	X
JT	Washington Mutual Investment	A	Dividends	III	X
JT	Investment Company of America	A	Dividends	III	X
JT	Alan Weiss (2nd mortgage)	C	Interest	IV	
JT	Vacation Home, Sea Colony, Lot #6, Duck, NC	E	Rent	V	
JT	New Perspective Fund	B		I	X

Reporting Individual's Name

Richard A. Gephardt

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	SEE ATTACHED SCHEDULE											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Atlantic Permanent Savings & Loan, Chesapeake VA	Mortgage on Duck, N.C. vacation home			X				
	(Sold by Atlantic Permanent to Trust Bank Savings & Loan, Washington, D.C., May 1990)								

Richard A. Gephardt
1990 Financial Disclosure Statement

PART IV - TRANSACTIONS

S, DC, JT	Identification of Assets	Type of Transaction	Date	Amount of Transaction
JT	Bond Fund of America	Sale	4/12/90	(B)*
JT	Washington Mutual Investors	Sale	4/12/90	(B)*
JT	Vanguard Windsor II	Sale	4/16/90	(B)*
JT	New Perspectives Fund	Purchase	5/90	B
JT	Dreyfus Money Market	Sale and Purchase	Various Dates	C

*** Parentheses indicate loss**

There were also two sales involving Investment Company of America and Crestar Bank Money Market Fund. Both transactions involved amounts of less than $1,000.

Reporting Individual's Name
RICHARD A. GEPHARDT

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
			(See Attached Schedule)	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Richard A. Gephardt
1990 Financial Disclosure Statement

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date(s)	Brief Description	Gift
AFL-CIO	2/17/90- 2/19/90	Round trip air transportation from Washington, D.C. to Miami, 2 days food and lodging, self & spouse (speech and conference)	
Recording Industry Association of America	3/10/90	Air transportation from San Francisco to Los Angeles, self and spouse	
Gray Eagle Distributors	3/12/90	Round trip air transportation from Washington, D.C. to Orlando (factfinding trip)	
Democratic Leadership Council	3/23/90	Air transportation from Washington, D.C. to New Orlean (speech and conference)	
United Auto Workers	3/10/90	Air transportation from St. Louis to Detroit to Manteo North Carolina (speech)	
Intl. Brotherhood of Electrical Workers	5/18/90	Air transportation from Chicago to Cincinnati to Washington, D.C. (speech)	
Mexico-US Interparliamentary Group	5/25/90	Round trip air transportation from Washington, D.C. to Boston (speech)	
Dowling College	6/5/90	Round trip air transportation from Washington, D.C. to Islip, New York (speech)	
AIPAC	12/9/90- 12/10/90	Round trip air transportation from Washington, D.C. to Ft. Lauderdale (speech)	

Reporting Individual's Name
Richard A. Gephardt

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard A. Gephardt	**DATE (Month, Day, Year)** May 15, 1991

GPO 1991 37-068 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees.

PRESTON M. (PETE) GEREN III
(Full Name)

1730 Longworth House Office Building
(Mailing Address)

Washington, D. C. 20515

HAND DELIVERED

mc (Office Use Only) 26

Filer Status	☒ Member of the U.S. House of Representatives	State: TEXAS District: 12	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$800	
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	OVERTON BANCSHARES, INC. (April 16, 1990)	Director's Fee	$200.00	
	OVERTON PARK NATIONAL BANK (March 21, 1990)	Director's Qtrly. Retainer	$900.00	

For additional earned income, use next page

Reporting Individual's Name
PETE GEREN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income															Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	SEE PAGES 6 through 16																												

For additional assets and unearned income, use next page

Reporting Individual's Name

PETE GEREN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	SEE PAGES 17 through 24											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	SEE PAGE 25								

Reporting Individual's Name

PETE GEREN

PART VI–TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XXX

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
PETE GEREN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
SEE PAGE 26	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

✓ SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES
FIANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990
REPORTING INDIVIDUAL'S NAME - PETE GEREN

PART II AND III - ASSETS AND "UNEARNED" INCOME A-2

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	.03125 RI IN 5282.9 ACRES IN ISAAC SUTTON SURV & PARTS OF VAR SURV INCL J HUGHES & W MURPHY SURV JACK CO TX, COCA COLA LSE #16734, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	B	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	1/3 INTEREST IN 4829 DEXTER, FORT WORTH, TEXAS	C			RENT	III	
	1100 TERRACE, FORT WORTH, TEXAS	C			RENT	V	
	1409 - 1411 FIFTH AVE., FORT WORTH, TEXAS	D			RENT	V	
	1413 - 1415 SEVENTH AVE., FORT WORTH, TEXAS	C			RENT	V	
	1421 - 1423 FIFTH AVE., FORT WORTH, TEXAS	D			RENT	V	
	1723 COLLEGE, FORT WORTH, TEXAS	C			RENT	V	
	27% INTEREST IN 5000 - 5004 BIRCHMAN, FORT WORTH, TEXAS	C			RENT	IV	
	3224 GORDON, FORT WORTH, TEXAS	C			RENT	IV	
	3918 HODLIN, FORT WORTH, TEXAS	D			RENT	V	
	ADT LIMITED ADR STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	AIM TAX-FREE CASH RESERVE, INC., INSTITUTIONAL SERIES, CASH EQUIVALENTS, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	H	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	ALABAMA STATE BOND DATED 4/15/83, 8.10%, MATURES 9/1/96,NCNB,FT.WORTH,NA-TRUSTEE U/W OF S.L.HOLMES*	E	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		

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PART II AND III - ASSETS AND "UNEARNED" INCOME A-2

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	ALBERTSON INC COM STOCK NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	ALASKA STATE HOUSING FIN CORP 1ST SER HOM MTG SINGLE FAM BOND, DATED 9/1/82, 10.5%, MATURES 12/1/91, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S. L. HOLMES*	B	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	AMERICAN HOME PRODS CORP COMMON STOCK NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	AMERICAN INTL GROUP INC COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	APPLE COMPUTER, INC., STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	ART & ANTIQUES INVESTMENTS	E	X	INSURED VALUE.			
	ATASCOSA WHOLESALE NURSERY, INC. - WHOLESALE NURSERY IN PLEASANTON, TEXAS, 50% INTEREST	B	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS.	SUBCHAPTER S CORP DISTRIBUTION	V	
	ATLANTIC RICHFIELD CO. COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	B	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	BAKER HUGHES INTL COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
S	BANK ONE IRA, DALLAS, TEXAS (2 CERTIFICATE OF DEPOSITS)	B			INTEREST	II	
	BIRMINGHAM STEEL STOCK	A			CAPITAL GAINS	V	X
	BIRMINGHAM STEEL STOCK	A			DIVIDEND	II	

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PART II AND III - ASSETS AND "UNEARNED" INCOME A-2

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
DC	BOWIE COUNTY, TEXAS, GENERAL OBLIGATION REFUNDING BOND, SERIES 1985, CAPITAL APPRECIATION BOND, MATURING 2/1/00	B					X
	BRITISH PETROLEUM PLC STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	BROWN-LUPTON, ROYALTY INTEREST, JACK COUNTY, TEXAS	B			ROYALTY INTEREST	I	
DC	BRYAN, TEXAS FULLY REGISTERED, MATURING 07/01/06, 6%	B					X
DC	BRYAN, TEXAS, GENERAL OBLIGATION BOND, SERIES 1985, CAPITAL APPRECIATION BOND, MATURING 02/15/03	B					X
	COASTAL CORP COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	COCA COLA WAREHOUSE 12.5% INTEREST OWNED UNDIVIDED INTEREST IN 4920 NORTHWEST PARKWAY, FORT WORTH, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S. L. HOLMES*	E	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	COCA-COLA, ROYALTY INTEREST, JACK COUNTY, TEXAS	B			ROYALTY INTEREST	V	
	COMPAQ COMPUTER CORP COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	COMPUTER INPUT SERVICES STOCK	B			DIVIDEND	I	
	COMPUTER SCIENCE CORP COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	CONNECTICUT STATE HOUSING FIN AUTHORITY BOND DATED 4/1/81, 9.3%, MATURES 4/1/93, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X

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S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	D & W SPECIAL FUND - INTEREST IN BUSINESSES & PARTNERSHIPS, C/O DUDLEY & COMPANY, NEW YORK, NEW YORK	D	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIPS, NET BOOK VALUE IS CAPITAL ACCOUNT	Distributive share of partnership income	IV	
	DIXON 1-6, WORKING INTEREST, COCHRAN COUNTY, TEXAS	B	X	VALUED AT THREE (3) TIMES THE 1990 NET INCOME	WORKING INTEREST	V	
	ESTACADO OIL & GAS CORPORATION STOCK, FORT WORTH, TEXAS	B			DIVIDEND	I	
	ESTACADO PARTNERS, OIL & GAS EXPLORATION, PARTNERSHIP, FORT WORTH, TEXAS, 50%	B	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIPS, NET BOOK VALUE IS CAPITAL ACCOUNT	Distributive share of partnership income	IV	
	ESTACADO PETROLEUM, INC. STOCK, FORT WORTH, TEXAS	B			DIVIDEND	I	
	FEDERATED MASTER TRUST 881 - INVESTMENT CASH FUND AT TEAM BANK, FORT WORTH, TEXAS	A			INTEREST	IV	
	FORT WORTH CLUB - MAKER - NOTES RECEIVABLE	C	X	GREATEST VALUE DURING CALENDAR YEAR	INTEREST	III	
	GENERAL ELECTRIC CO. COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	GENERAL MILLS INC. COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	GENERAL MOTORS CONTINGENT NOTES DS XX DS 10/18/1991 - NOTES RECEIVABLE	A			INTEREST	I	
	GLAXO HOLDINGS PLC SPONSORED ADR 2 COMMON SHARE EXCHANGE FOR A SH ADR, STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	GOLDMAN PRIME OBLIGATIONS PORTFOLIO (INSTITUTIONAL LIQUID ASSETS TRUST)-INVESTMENT CASH FUND,TEAM BANK,FW	A			INTEREST	II	X

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PART II AND III - ASSETS AND "UNEARNED" INCOME A-2

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	HAWKINS FIELD, ROYALTY INTEREST, WOOD COUNTY, TEXAS	B			ROYALTY INTEREST	III	
	HEALTHSOUTH REHABILITATION CORPORATION	B			DIVIDEND	I	
	HENDERSON STREET JOINT VENTURE, APARTMENT COMPLEX AND LOTS, DOWNTOWN FORT WORTH, TEXAS - 41.1% INTEREST	E	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIP, NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/90	----		
	HUB HILL #1, ROYALTY INTEREST, JACK COUNTY, TEXAS	B			ROYALTY INTEREST	IV	
JT	INTERNAL REVENUE SERVICE TAX REFUNDS FROM PREVIOUS YEARS TAX RETURNS	A			INTEREST	II	
	INTERNATIONAL STOCK FUND, COMMON TRUST FUND, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S.L.HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	JACKSONVILLE, FLORIDA, ELECTRIC AUTHORITY REVENUE, ST JOHNS RIVER POWER PK SYS BOND DATED 5/1/83, 8.5%, MATURES 10/1/96, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	JESSIE PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 40% INTEREST IN PARTNERSHIP	C	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIP, NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/90	Distributive share of partnership income	D	
	JOHNSON & JOHNSON COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	LAGNIAPPE OIL PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 23.5% INTEREST IN PARTNERSHIP	C	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIP, NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/90	Distributive share of partnership income	E	
	LAYDEC "A", ROYALTY INTEREST, REEVES COUNTY, TEXAS	A			ROYALTY INTEREST	II	
	LGD GODLEY RANCH STOCK, GODLEY, TEXAS	F			DIVIDEND	I	

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S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	LEE-BOBLEY RANCH CO. COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	LOUISIANA STATE BOND DATED 9/1/78, 5.2%, MATURES 9/1/96, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	LUBRIZOL CORP COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	MADDOG, INC. - FRANCHISEE OWNER OF RAX RESTAURANT IN TYLER, TEXAS, UNTIL FEBRUARY, 1991 - 1/3 INTEREST	A	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS.	----		
	MADDOG, INC. - MAKER - NOTES RECEIVABLE	E	X	GREATEST VALUE DURING THE CALENDAR YEAR			
	MANSFIELD JOINT VENTURE, 2 ACRES, TARRANT COUNTY, TEXAS, 7.89% INTEREST IN PARTNERSHIP	C	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIP, NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/90	----		
	MAPLE-WELBORN JOINT VENTURE, 3700 MAPLE AVENUE, DALLAS, TEXAS, 12.50% IN PARTNERSHIP	B	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIP, NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/90	----		
	MCN CORPORATION (HOLDING CO.) STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	MILWAUKEE COUNTY, WISCONSIN, BOND DATED 3/1/79, 5/75%, MATURES 12/1/97, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	MINNESOTA MINING & MANUFACTURING CO. COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S.L.HOLMES*	U	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X

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S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	NORTON INTL INC IND COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	NICOR INC. STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	NORTH SLOPE BORO ALASKA BOND DATED 2/10/83, 9.5%, MATURES 2/10/93, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	E	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
-	NORTH TEXAS MUNICIPAL WATER DISTRICT TEXAS WATERWORKS REVENUE BONDS, DATED 6/1/81, 10%, MATURES 9/1/95, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S.L.HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	NORTHERN NATURAL GAS SETTLEMENT, MIDAMERICA RESOURCES, INC., MIDLAND, TEXAS				WORKING INTEREST	V	
	OREGON STATE VET WELFARE LXIII N/C BOND DATED 7/1/80, 7.5%, DUE 1/1/97, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	ORYX ENERGY CO COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	B	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	OVERTON BANCSHARES, INC. STOCK	F					
S	OVERTON PARK BANK SAVINGS ACCOUNT	B			INTEREST	I	
	OWENSBORO KY ELECTRIC LIGHT AND POWER REVENUE BONDS, DATED 8/1/78, 6/3%, MATURES 1/1/95, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		

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S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	PEPSICO INC COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	B	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	PERSONAL REAL ESTATE FUND, COMMON TRUST FUNDS, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S.L.HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	PETE GEREN FOR CONGRESS COMMITTEE - NOTES RECEIVABLE	F	X	GREATEST VALUE DURING CALENDAR YEAR	INTEREST	VI	
DC	PHILADELPHIA, PA, MUNICIPAL AUTHORITY/SERVICE BUILDING LEASE RENTAL, MATURING 03/15/08, ZERO COUPON	B					X
	PHILIP MORRIS COS INC COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	PIONEER STOR & LOK, FORT WORTH LTD 12.5% INTEREST OWNED 8717 WEST FREEWAY, FORT WORTH, TEXAS, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	PRESTON M. GEREN III, P.C.	B					
	PRESTON M. GEREN III, SPECIAL - OVERTON PARK BANK/RIDGLEA - INTEREST BEARING CHECKING ACCOUNT	C			INTEREST	II	
	PRUDENTIAL BACHE COMMAND MONEY FUND	A			DIVIDEND	II	X
	PRUDENTIAL BACHE IRA (COLUMBIA SAVINGS & LOAN CD)	A			INTEREST	III	X
	PRUDENTIAL BACHE IRA (PRUDENTIAL BACHE MONEYMART ASSETS)	A			DIVIDEND	II	X
	PRUDENTIAL BACHE IRA (PRUDENTIAL BACHE UTILITY FUND CLASS A)	B			DIVIDEND	II	X

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S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	ROSS, ROYALTY INTEREST, UPTON COUNTY, TEXAS	A			ROYALTY INTEREST	II	
	RT. 1 BOX 338, CHAPMAN CT., ALEDO, PARKER COUNTY, TEXAS, PLUS ADJOINING 30.76 ACRES	E			RENT	IV	
	S.E.BUCKSHOT #1 PROSPECT, INVESTMENT IN OIL & GAS PROPERTY IN COCHRAN, TEXAS, 3% INTEREST	C	X	VALUED AT THREE (3) TIMES THE 1990 NET INCOME	WORKING INTEREST	B	
	SAN ANTONIO TEXAS ELECTRIC & GAS REVENUE BONDS, DATED 2/1/79, 6%, MATURES 2/1/93, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	SARASOTA COUNTY, FLORIDA, BOND DATED 9/1/90, 6.9%, MATURES 7/1/98, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	E	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	SCHERING PLOUGH CORP COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	SCHLUMBERGER LTD COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	SELF-SECURED MINI-STORAGE, GARLAND, TEXAS, WAREHOUSES	D	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS. FOR PARTNERSHIP, NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/90	----		
	SEWELL "AD" #1, OIL & GAS INTEREST, JACK COUNTY, TEXAS	A			WORKING INTEREST	II	
	SHEARSON TREASURY TRUST FUND - INVESTMENT CASH FUND AT TEAM BANK, FORT WORTH, TEXAS	A			INTEREST	II	X
	STUDENT LOAN MARKETING ASSN COM NON VTG STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S.L.HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		

FORM A
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UNITED STATES HOUSE OF REPRESENTATIVES
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REPORTING INDIVIDUAL'S NAME - PETE GEREN

PART II AND III - ASSETS AND "UNEARNED" INCOME A-Z

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	SUPERIOR, ROYALTY INTEREST, STANTON, TEXAS	A			ROYALTY INTEREST	I	
	TANDY CORPORATION STOCK	B			DIVIDEND	I	
DC	TEXAS MUNICIPAL POWER AGENCY REVENUE, SERIES 20, MATURING 09/01/95, ZERO COUPON	B					X
	TEXAS MUNICIPAL POWER REVENUE BONDS	B			MUNI BOND INTEREST	II	
	TEXAS STATE BOND DATED 6/1/90, 6.6%, MATURES 10/1/97, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF S.L.HOLMES*	E	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	TEXAS UTILITIES STOCK	B			DIVIDEND	I	
	TOUCHSTONE MEDICAL SYSTEMS, INC. - MAKER - NOTES RECEIVABLE	F	X	GREATEST VALUE DURING THE CALENDAR YEAR			
	TOUCHSTONE MEDICAL SYSTEMS, INC. - MANAGEMENT OF PHYSICAL RESTORATION CENTERS - 8% INTEREST	A	X	BY NET BOOK VALUE OF INTEREST IN BUSINESS.	----		
	TOYS R US COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	TRAVIS COUNTY, TEXAS, BOND DATED 6/1/79, 5.5%, MATURES 7/1/97, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	TROY, ALABAMA, INDL DEV BND REV ADWELL INDS INC PROJECT BOND DATED 10/1/74, 8%, MATURES 10/1/94, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	C	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	UNILEVER N V NEW YORK SHS, STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X

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PART II AND III - ASSETS AND "UNEARNED" INCOME A-2

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	ATTACHED EXPLANATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	TRANS.
	WAL MART STORES INC COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	WALL TO WALL SECURITIES LITIGATIONS - RECOVERY OF ALLOWED LOSS - ORIGINALLY SOLD THE STOCK IN 1985	A			CAPITAL GAINS	II	
	WALT DISNEY CO. COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		X
	WARNER LAMBERT CO COMMON STOCK, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		
	WISCONSIN ST VET MTG REVENUE BOND DATED 5/1/80, 8.75%, MATURES 7/1/94, NCNB TEXAS, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES*	D	X	MARKET VALUE AS OF 12/31/90. *Beneficial remainder interest only. No income is derived from this Trust.	*		

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	ABT LIMITED ADR STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			12/18/90	D
	ALASKA STATE HOUSING FIN BOND, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		6/1/90,12/3/90	B
	AMERICAN INTL GROUP INC. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			3/7/90	C
	AMOCO CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		11/23/90	C
	AMOCO CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		10/22/90	C
	ANHEUSER BUSCH COS INC. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		6/26/90	D
	ASHTON-TATE COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		1/30/90	B
	ATLANTIC RICHFIELD CO. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			8/20/90	B
	AUTOMATIC DATA PROCESSING INC. STOCK, NCNB FT.WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		12/19/90	D
	AUTOMATIC DATA PROCESSING INC. STOCK,NCNB FT.WORTH N.A.-Trustee U/W of Shirley L. Holmes.No income is derived from Trust.	X			6/26/90	C
	BAKER HUGHES INTL COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			3/30/90, 8/7/90	C

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	BANKERS TR N Y CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		6/25/90	C
	BIRMINGHAM STEEL STOCK		X		8/13/90	C
DC	BOWIE COUNTY, TEXAS, GENERAL OBLIGATION MATURING 2/1/00, ZERO COUPON	X			9/24/90	B
	BRITISH PETROLEUM ADR STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		8/29/90	C
	BRITISH PETROLEUM ADR STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			2/23/90, 8/8/90	D
	BROWN FORMAN DISTILLERS CORP STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Tr.		X		6/15/90	C
	BROWNING FERRIS INDS INC COM STOCK, NCNB FT.WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		12/12/90	C
	BROWNING FERRIS INDS INC STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			9/14/90	C
DC	BRYAN, TEXAS FULLY REGISTERED MATURING 7/01/06, 6%	X			7/19/90	B
DC	BRYAN, TEXAS, FULLY REGISTERED MATURING 2/15/03, ZERO COUPON	X			12/13/90	B
	COMMUNITY PSYCHIATRIC CTRS COM STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Tr.		X		1/25/90	C
	COMPAQ COMPUTER CORP. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			7/6/90, 7/31/90	C

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	COMPUTER SCIENCE CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			12/12/90, 12/13/90	C
	CONNECTICUT ST BOND,10.5%,MATURES 11/15/93,NCNB FT, WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from Trust.		X		11/15/90	B
	FEDERATED MASTER TRUST SBI, TEAM BANK, FORT WORTH, TX	X			VARIOUS (10 TIMES)	D
	FEDERATED MASTER TRUST SBI, TEAM BANK, FORT WORTH, TX		X		VARIOUS (11 TIMES)	D
	GENERAL MOTORS CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		8/20/90	C
	GENERAL MOTORS CORP. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			6/12/90, 6/20/90	D
	GENUINE PARTS CO STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			1/11/90, 5/11/90	C
	GENUINE PARTS CO. COMMON STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		11/1/90	C
	GLAXO HOLDINGS PLC STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			7/31/90, 10/4/90	C
	GOLDMAN PRIME OBLIGATION BONDS, TEAM BANK, FORT WORTH		X		VARIOUS (6 TIMES)	C
	GOLDMAN PRIME OBLIGATION BONDS, TEAM BANK, FORT WORTH	X			6/30/90, 9/30/90	C
	HILLHAVEN CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		2/28/90	A

PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	INTERPUBLIC GROUP COS INC. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		6/26/90	C
	JACKSONVILLE,FL REV BOND, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		10/1/90	B
	JWP INC COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		12/11/90	C
	JWP INC STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			9/14/90	C
	LOEWS CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		8/9/90	C
	LUBRIZOL CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			10/24/90	C
	MARSH & MCLENNAN COS. INC. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		3/7/90	D
	MCDONALDS CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		8/10/90	C
	MCN CORP. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		4/4/90, 4/5/90, 4/6/90	B
	MELVILLE CORP STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		2/23/90	D
	MINNESOTA MINING & MFG CO. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			2/7/90, 2/20/90	C

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	MORGAN STANLEY GROUP INC STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		2/23/90	C
	MORTON INTL INC COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			2/22/90, 5/11/90	C
	MORTON INTL. INC. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			6/20/90	C
	NATIONAL MED ENTERPRISES INC. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Tr.		X		7/31/90	C
	NICOR INC. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			11/7/90	C
	NICOR INC. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			8/29/90	B
	OMNICOM GROUP INC. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		6/26/90	C
	ORYX ENERGY CO. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			7/5/90	B
	PEPSICO INC COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			2/21/90	B
	PEPSICO INC. COMMON STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		5/23/90	B
DC	PHILADELPHIA, PA, MUNICIPAL AUTHORITY/SERVICE BUILDING LEASE RENTAL, MATURING 3/15/08, ZERO COUPON	X			4/19/90	B

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	PHOENIX, AZ REVENUE BONDS,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		7/2/90	E
	PRUDENTIAL BACHE COMMAND MONEY FUND		X		1/8/90; 3/19/90	B
	PRUDENTIAL BACHE COMMAND MONEY FUND	X			VARIOUS (12 TIMES)	C
	PRUDENTIAL BACHE IRA (COLUMBIA SAVINGS & LOAN CO.)		X		8/13/90	B
	PRUDENTIAL BACHE IRA (P B UTILITY FD A)	X			VARIOUS (5 TIMES)	B
	PRUDENTIAL BACHE IRA (PB MONEYMART ASSETS)	X			VARIOUS (14 TIMES)	B
	PRUDENTIAL BACHE IRA (PB MONEYMART ASSETS)		X		9/10/90	C
	RICHARDSON, TEXAS ISD BOND, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		7/2/90	D
	SARASOTA COUNTY, FLA, BOND, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			10/22/90	D
	SCHLUMBERGER LTD STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			3/15/90	B
	SCHLUMBERGER LTD STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			10/15/90	D
	SECURITY PAC CORP COMMON STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		6/20/90	C

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	SHEARSON TREASURY TRUST FUND, TEAM BANK, FORT WORTH		X		12/24/90	D
	SHEARSON TREASURY TRUST FUND, TEAM BANK, FORT WORTH	X			10/11/90, 12/3/90	D
	SPRING INDS INC COMMON STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		5/23/90	C
	SPRING INDS INC. COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			1/11/90, 2/2/90	C
	SPRUCE CREEK D-4, VAIL, COLORADO		X		1/30/90	E
	TAMBRANDS INC. COMMON STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		11/23/90	C
C	TEXAS MUNICIPAL POWER AGENCY REVENUE SERIES 20, MATURING 9/1/95, ZERO COUPON	X			4/17/90	B
	TEXAS STATE BOND, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			7/17/90	D
	TROY ALABAMA DEV REV BOND, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		10/1/90	B
	UNILEVER N V 20 GLDRS NY STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			1/30/90, 3/15/90	C
	UST INC. STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		7/19/90	C
	W.W.GRAINGER INC. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			7/16/90	C

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PART IV - TRANSACTIONS A-3

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	W.W.GRAINGER INC.STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		9/14/90	C
	WAL MART STORES INC COMMON STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Tr.		X		4/3/90, 7/30/90, 9/6/90	D
	WALT DISNEY CO. STOCK,NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			8/10/90	C
	WASTE MGMT INC COM STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.	X			3/14/90	C
	WASTE MGMT INC COMMON STOCK, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		12/4/90	C
	WESTINGHOUSE ELEC. CORP, NCNB TX FORT WORTH N.A.-Trustee U/W of Shirley L. Holmes. No income is derived from this Trust.		X		7/12/90	C

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PART V - LIABILITIES A-3

SP DC JT	CREDITOR	TYPE LIABILITY	CATEGORY OF AMOUNT OF VALUE
	BANK ONE, N.A., FORT WORTH, TEXAS	MORTGAGE ON 5000 - 5084 BIRCHMAN, FORT WORTH, TEXAS	C
	BOBBY O'NEAL, JOSHUA, TEXAS	MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS	A
	DR. WAI HONG YIP, SAN FRANCISCO, CALIFORNIA	MORTGAGE ON 3224 GORDON, FORT WORTH, TEXAS	C
	FOSTER MORTGAGE CORPORATION, FORT WORTH, TEXAS	MORTGAGES ON 1409/1411 FIFTH AVENUE, 1421/1423 FIFTH AVENUE, AND 1413/1415 SEVENTH AVENUE, FORT WORTH, TEXAS	E
	IRA BUTLER, JR., TRUSTEE, FORT WORTH, TEXAS	MORTGAGE ON 3910 MODLIN, FORT WORTH, TEXAS	C
	LOUISE RUSSELL, JOPLIN, MISSOURI	MORTGAGE ON 1100 TERRACE, FORT WORTH, TEXAS	C
	MUTUAL SAVINGS & LOAN ASSOCIATION, WEATHERFORD, TEXAS	MORTGAGE ON RT. 1 BOX 33B, ALEDO, TEXAS	C
	OVERTON PARK BANK, FORT WORTH, TEXAS	BUSINESS - PAID OFF 12/28/90	E
	PETER SCHWARTZ, JOHN'S ISLAND, SOUTH CAROLINA	MORTGAGE ON 30.76 ACRES ADJOINING RT. 1, BOX 33B, ALEDO, TEXAS	C
	TEAM BANK, FORT WORTH, TEXAS	BUSINESS LOAN	E
	WALLY CLEMMER, FORT WORTH, TEXAS	MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS	C

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PART VIII - POSITIONS A-5

POSITIONS	NAME OF ORGANIZATION
MANAGING PARTNER	4829 DEXTER JOINT VENTURE
MANAGING PARTNER	ESTACADO EXPLORATION 1982-1, LTD.
MANAGING PARTNER	JESSIE PARTNERS
MANAGING PARTNER	LAGNIAPPE OIL PARTNERS
MANAGING PARTNER	WILBUR PARTNERS
MANAGING PARTNER	ESTACADO EXPLORATION FUND NO. 1, LTD. (PARTNERSHIP ENDED 12/90)
JOINT INTEREST OWNER	MEADOWMERE JOINT VENTURE (5000 - 5004 BIRCHMAN, FORT WORTH, TX)
PARTNER	D & W SPECIAL FUND
PRESIDENT & DIRECTOR	ESTACADO OIL & GAS CORPORATION
VICE-PRESIDENT & DIRECTOR	ESTACADO PETROLEUM, INC.
PARTNER	ESTACADO PARTNERS
PARTNER	HENDERSON STREET JOINT VENTURE
VICE-PRESIDENT/TREASURER	LOS-GODLEY RANCH CO., INC.
VICE-PRESIDENT/SECRETARY	MADDOG, INC
SECRETARY & DIRECTOR	TEXAS RAX, INC.
PARTNER	MAPLE-WELBORN JOINT VENTURE
PRESIDENT	PRESTON M. GEREN III, P.C.
SECRETARY/TREASURER	ATASCOSA WHOLESALE NURSERY, INC. (CORPORATION DISSOLVED IN 1991)
PARTNER	SELF-SECURED MINI-STORAGE, GARLAND
PARTNER	MANSFIELD JOINT VENTURE
HONORARY BOARD MEMBER	FORT WORTH CHALLENGE
BOARD MEMBER	ROTARY CLUB
BOARD MEMBER	OVERTON BANCSHARES, INC. (RESIGNED 1/91)
BOARD OF VISITORS	UNIVERSITY OF TEXAS LAW SCHOOL

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 9:21
[illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Sam M. Gibbons (Full Name)
2204 Rayburn House Office Building (Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: Florida District: 7th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$600	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
State of Florida	Pension	$1,907.58 (EXEMPT from total)	
French & Company; 1-30-90	Videotaped interview	$1,000	
Massachusetts Mutual Life Insurance Co.; 3-5-90	Lecture fee	$2,000	
The Tax Council; 3-20-90	Lecture fee	$2,000	
ConAgra, Inc.; 3-23-90	Lecture fee	$2,000	
Health Industry Manufacturers Assn.; 4-4-90	Lecture fee	$2,000	
Securities Industry Assn., Inc.; 4-4-90	Lecture fee	$2,000	
Steptoe & Johnson; 4-10-90	Lecture fee	$1,500	
Health and Life Organization; 4-26-90	Lecture fee	$ 500	
National Marine Manufacturers Assn.; 5-21-90	Lecture fee	$2,000	

For additional earned income, use next page

Reporting Individual's Name
Sam M. Gibbons

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Cheese Importers Assn. of America, Inc.; 5-23-90	Lecture fee	$2,000	
Wine Institute; 5-31-90	Lecture fee	$1,000	
Computer & Communications Industry Assn.; 6-22-90	Lecture fee	$1,000	
National Agricultural Chemicals Assn.; 7-12-90	Lecture fee	$1,000	
Charls E. Walker Associates, Inc.; 7-19-90	Lecture fee	$2,000	
National Confectioners Association; 10-3-90	Lecture fee	$1,000	
Chocolate Manufacturers Assn. of U.S.A.; 10-3-90	Lecture fee	$1,000	
Manufacturers' Alliance for Productivity and			
Innovation, Inc.; 10-18-90	Lecture fee	$2,000	
R. Duffy Wall & Associates, Inc.; 12-7-90	Lecture fee	$2,000	X $1,150/charity

Reporting Individual's Name

Sam M. Gibbons

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK B Valuation of Asset									BLOCK C Income																Block D
		BLOCK A Asset and/or Income Source	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		Home - 2300 N. Gulf Blvd., Unit 2A, Belleair Beach, FL					X						X									X						
"		Stock - Florida Land Title, dba Stewart Title, Tampa, FL		X								X									X							
"		House of Representatives Fed. Credit Union Accounts, Wash., D.C.		X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Sam M. Gibbons

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	First Union National Bank of Florida, Tampa, FL	Personal note		X					
*JT	*Citicorp Mortgage, Inc., Philadelphia, PA	Mortgage on 3705 Granada, Tampa, FL				X			
	*Co-signed mortgage note with son								

Reporting Individual's Name
Sam M. Gibbons

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors and Association for Public Broadcasting	"CIVIL WAR" documentary videotapes (educational)	Estimated less than $200
	(DECLARED EXEMPT BY COMMITTEE ON STANDARDS)	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED LISTING				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII--"REIMBURSEMENTS" OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT (NO GIFTS INCLUDED IN THIS LISTING)

Tampa Bay International Super Task Force: Jan. 21-27, 1990 - Air travel from Washington, D.C. to Toronto and Montreal, Canada, and return to Tampa, FL; six nights lodging and incidental meals; for Congressman and Mrs. Gibbons. (Fact-finding mission cleared by Committee on Standards 1-4-90).

Beryl Anthony Campaign Committee: Feb. 2, 1990 - Air and ground transportation from Washington, D.C. to Little Rock, Ark. and return to Tampa, FL and incidental meals; for Congressman Gibbons.

The Tax Council: March 9-10, 1990 - Air and ground transportation from Tampa, FL to Naples, FL and Marco Island, FL; two nights lodging and incidental meals; for Congressman and Mrs. Gibbons.

Health Industry Manufacturers Assn.: March 11-12, 1990 - Ground and air transportation from Marco Island to Naples, FL and return to Tampa, FL; one night lodging and incidental meals; for Congressman and Mrs. Gibbons.

ConAgra, Inc.: March 23, 1990 - Air and ground transportation from Washington, D.C. to Omaha, NE and return to Tampa, FL; one night lodging and incidental meals; for Congressman Gibbons.

Cheese Importers Assn. of America, Inc.: May 11, 1990 - Ground and air transportation from Washington, D.C. to New York City and return to Tampa, FL; one night lodging and incidental meals; for Congressman Gibbons.

Xerox Corporation: June 8, 1990 - Air and ground transportation to Stamford, CT and return to Tampa, FL and incidental meals; for Congressman Gibbons.

Congressional Charity Golf Tournament, Inc., Washington, D.C.: Nov. 9-11, 1990 - Two nights lodging and incidental meals; for Congressman and Mrs. Gibbons at White Sulphur Springs, W. Va. (Participation cleared by Committee on Standards 11-8-90).

Reporting Individual's Name
Sam M. Gibbons

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director and Advisor	Battle of Normandy Foundation (formerly the U.S. Committee for the Battle of Normandy Museum), non-profit, Washington, D.C.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	Receive small pension (reported under income) from the State	of Florida because of my ten years
	in the Florida State Legislature (1952-1962).	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Sam M. Gibbons	May 7, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 20 AM 7:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

⑤

Wayne Thomas Gilchrest
(Full Name)
P.O. Box 84
Kennedyville Md 21645
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Md District: 1 ☐ Officer or Employee Employing Office: ______

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

HC MAY 15 1991
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Kent County Public Schools	teacher	19,958.09	
	Gilchrest for Congress	candidate	2160.00	
	Popular Greetings, Inc. (Spouse)	store manager		

For additional earned income, use next page

Reporting Individual's Name
Gilchrest, Wayne

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			V.A. disability																			X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Gilchrest, Wayne

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Gilchrest, Wayne

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Gilchrest, Wayne

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Wayne T. Gilchrest

DATE (Month, Day, Year)
May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 4:33
[illegible]

HAND DELIVERED

Paul E. Gillmor
(Full Name)

2253 Sand Road, Port Clinton, Ohio 43452
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Ohio District: 5th ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 11

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Dealers Alliance Corp	director's fee	$1,500	
	Old Fort Banking Co.	director's fee	800	
	American Medical Association, January 19, 1990	speech	1,000	X
	Casualty and Property Group, April 5, 1990	speech	500	X
	National Restaurant Association, May 19, 1990	speech	1,000	X
	Universal Card Services, September 11, 1990	speech	1,500	
	Ohio State University	spouse salary	NA	
	U.S. Department of Labor	spouse salary	NA	
	Public Employees Retirement System of Ohio	pension	31,130	

For additional earned income, use next page

Reporting Individual's Name

Paul E. Gillmor

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples:	S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Cooker Restaurants		X																								X
		Dealers Alliance Corp stock					X					X								X								
		FERS - Thrift Savings		X										X						X								
		Paul M. Gillmor co. - stock					X					X							X									
		Matlqck, Inc. - stock			X																							
		Max & Ermas Restaurants - stock		X																								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Paul E. Gillmor

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Merrill Lynch Municipal Income Trust funds				X								X								X						
	Old Fort Bank - checking and savings		X										X						X								
	Old Fort Bank - IRA account		X										X							X							
	Old Fort Bank - stock							X			X								X								
	Price New Horizons Fund			X							X									X							
	Progressive Corp. - stock		X								X							X									
	Republic Oil - stock	X																									
	Rollins Environmental - stock					X					X			X								X					X
	Rollins Truck Leasing - stock					X					X										X						
	U.S. House - Sgt. at Arms acct.		X																								
	Chas. Schwab Co. - brokerage acc't.		X										X							X							
	Solar Cells, Inc. - stock		X																								
	Sunshine, Ltd - partnership			X																							
	Templeton Emerging Market Fund		X								X								X								X
	Twentieth Century Select Fund			X							X										X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Paul E. Gillmor

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Thermocolor Corp.		X																								X
	Part interest: 225 W. Third, Columbus, Ohio			X								X								X							
	Part interest: 148 Wilbur, Columbus, Ohio			X								X									X						
	Wendy's - stock			X							X			X							X						X
	Owned during part of 1990 but sold during year:																										
	Hollywood Park Realty - stock		X								X							X									X
	Dealers Alliance Corp - debenture			X									X	X									X				X
	USF&G - stock		X								X								X								X
	Murphy Oil - stock			X							X			X								X					X
S	AM International - stock	X																									
S	American General - stock		X								X								X								
S	Northwest Gas - stock		X								X								X								
S	Southwest Gas - stock		X								X								X								
S	First American Bank - account		X										X					X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Paul E. Gillmor

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Old Fort Bank - account		X										X							X							

Reporting Individual's Name
Paul E . Gillmor

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Hollywood Park Realty - stock	X			2/27/90	X						
	Templeton Emerging Market Fund	X			6/21/90	X						
	Cooker Restaurnts - stock	X			8/6/90	X						
	USF&G - stock	X			9/28/90	X						
	Thermocolor - stock	X			11/7/90	X						

SEE FOLLOWING PAGES-----------------

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Merrill Lynch, Columbus, Ohio	Margin account	X						
	Perpetual Federal, Urbana, Ohio	Mortgage on 225 W. 3rd, Columbus, OH	X						
	Perpetual Federal, Urbana, Ohio	Mortgage on 148 Wilbur, Columbus, OH		X					

Reporting Individual's Name
Paul E. Gillmor

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Hollywood Park Realty - stock		X		5/3/90	X						
	Rollins Environmental - stock		X		7/12/90	X						
	Wendy's - stock		X		7/3/90	X						
	Dealers Alliance Corp - debenture		X		7/20/90		X					
	Murphy Oil - stock		X		8/17/90		X					

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Paul E. Gillmor

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	USF&G - stock		X		12/26/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Paul E. Gillmor

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Assn.		Jan. 18-21, 1990	Roundtrip air Washington, D.C. to Miami, 3 days food & lodging - self & spouse	
Congressional Arts Caucus		March 30-Apr.1, 1990	Roundtrip air Washington, D.C. to New York, 3 days food & lodging - self	
National Restaurant Assn		Mar. 18-20, 1990	Roundtrip air Washington, D.C. to Chicago, 2 days food and lodging - self	
National Conference State Legislatures		Aug. 7-9, 1990	Roundtrip air Washington, D.C. to Nashville, 2 days food and lodging - self & spouse	
Universal Card Services		Aug. 21-22, 1990	Roundtrip air Washington, D.C. to Jacksonville, Fla. 1 day food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Paul E. Gillmor

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chinese Nat'l Association of Industry & Commerce	Nov. 14-20, 1990	Roundtrip air Washington, D.C. to Taiwan, 7 days food & lodging, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Paul E. Gillmor

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Dealers Alliance Corp
Director	Old Fort Banking Co.
Director	Thermocolor Corp.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Paul E. Gillmor	May 1, 1991

BENJAMIN A. GILMAN
22D District New York

FOREIGN AFFAIRS COMMITTEE

SUBCOMMITTEES
EUROPE AND MIDDLE EAST
(RANKING MINORITY MEMBER)
INTERNATIONAL OPERATIONS

Congreſs of the United States
House of Representatives
Washington, DC 20515-3222

POST OFFICE AND CIVIL
SERVICE COMMITTEE
(RANKING MINORITY MEMBER)

SUBCOMMITTEE
INVESTIGATIONS

SELECT COMMITTEE ON
NARCOTICS ABUSE AND
CONTROL

SELECT COMMITTEE ON
HUNGER

VICE CHAIRMAN
TASK FORCE ON
AMERICAN PRISONERS AND
MISSING IN SOUTHEAST ASIA

May 13, 1991

✓
MC

①

U.S. HOUSE OF REPRESENTATIVES
1991 MAY 14 AM 9 08

Hon. Donnald Anderson
Clerk of the House
Office of Records and Registration
U.S. House of Representatives
Washington, DC 20515

HAND DELIVERED

Dear Mr. Anderson:

It has come to my attention that due to a clerical oversight, the following information was not listed under Part VII "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment. Accordingly, I would appreciate your assistance in amending my statement:

State of Israel Bonds Committees of Rockland and Orange Counties, New York - November 28 to December 2, 1990
Mission Leader of Solidarity Delegation - Roundtrip travel from from New York to Israel, 3 days of lodging and food.

Thank you for your kind attention.

Sincerely,

BENJAMIN A. GILMAN
Member of Congress

BAG:nc

PLEASE REPLY TO:

☒ WASHINGTON OFFICE:
2185 Rayburn Building
Washington, DC 20515-3222
Telephone: (202) 225-3776

☐ DISTRICT OFFICE:
44 East Avenue
P.O. Box 358
Middletown, NY 10940-0358
Telephone: (914) 343-6666

☐ DISTRICT OFFICE:
223 Route 59
Monsey, NY 10952-3498
Telephone: (914) 357-9000

☐ DISTRICT OFFICE:
32 Main Street
Hastings-on-Hudson,
NY 10706-1602
Telephone: (914) 478-5550

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

1

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 10 [illegible] 3:53

U.S. [illegible]

HAND DELIVERED

Benjamin A. Gilman
(Full Name)

2185 Rayburn HOB, Washington, DC 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives — State: NY District: 22 ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

MC

(Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	NYS Credit Union League, Albany, NY (6/30/90)	speech	2,000	
	American Post Workers Union, Washington DC (7/29/90)	speech	2,000	
	National Assn. of Letter Carriers, Washington DC(8/21/90)	speech	2,000	
	National Assn. of Postmasters, Alexandria, VA (10/26/90)	speech	1,000	
	VanKloberg & Associates, Washington DC (12/17/90)	speech	1,000	
	New York State	pension	10,518.12	

For additional earned income, use next page

Reporting Individual's Name

Benjamin A. Gilman

1497

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	Poughkeepsie Savings Bank				X								X								X						
	Congressional Federal Credit Union				X								X									X					
	Goldome Savings				X								X								X						
	16 Orchard Street, Middletown, NY 1/2 commercial, 1/2 residence			X								X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name

Benjamin A. Gilman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Benjamin A. Gilman

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Assn. of Postmasters		Sept 9-10 1990	roundtrip air travel from Washington to Buffalo, ground travel to Niagara Falls, 1 night lodging & food	
National Assn. of Letter Carriers		Aug 21-22 1990	roundtrip airfare from Washington to New Orleans, ground transport one night lodging & food	
American Postal Workers Union		Jul 29-30 1990	airfare from New York to Las Vegas to Washington, one night lodging & food	
Congressional Institute		Feb 22-24 1990	transportation to Princeton, NJ, 2 nights lodging & food	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Benjamin A. Gilman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calender year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Governors	Good Samaritan Foundation for Better Health
Member, Board of Directors	World Hunger Year
Member, Advisory Council	Lamont Doherty Geological Observatory
Member, Advisory Board	National Service League
Honorably Board Member	Hudson-Delaware Council of Boy Scouts of America

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)

Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)

Yes ☒ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
5-8-91

GPO 1981 37-580

[illegible] MAY 14 [illegible] 1:31
OFFICE [illegible]
U.S. HOUSE OF [illegible]ATIVES

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

Congressman Newt Gingrich
(Full Name)

2438 Rayburn Building
(Mailing Address)
Washington, D. C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: Georgia District: 6th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 11

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Philadelphia Bar Association (Jan. 3, 1990)	Speech	$2000	
	Executive Enterprise Inc. (Jan. 16, 1990)	Speech	$2000	
	National Association Homebuilders (Jan. 9, 1990)	Speech	$2000	
	American League of Lobbyists (Jan. 25, 1990)	Speech	$2000	x
	American Bakers Association (Jan. 17, 1990)	Speech	$2000	
	American Association of Equipment Lessors (Jan. 31, 1990)	Speech	$2000	
	Nat. Association of Wholesalers-Distributors (Feb. 7, 1990)	Speech	$2000	
	Center for the Study of Marketing Alt. (Feb. 15, 1990)	Speech	$2000	
	American Institute of Architects (Feb. 20, 1990)	Speech	$2000	
	RJR Nabisco (Feb. 28, 1990)	Speech	$2000	

For additional earned income, use next page

Reporting Individual's Name
Newt Gingrich

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Polyconomics (March 3, 1990)	Speech	$2000	
National PTA (March 7, 1990)	Speech	$1000	
NAM (March 14, 1990)	Speech	$1000	
American Frozen Food Association (March 21, 1990)	Speech	$1000	
Firing Line (March 26, 1990)	TV Appearance	$3334	x
American Dental Association (March 28, 1990)	Speech	$2000	
Health Industry Distributors (April 3, 1990)	Speech	$2000	x ($150)
The Aluminum Association (April 3, 1990)	Speech	$2000	x
American Council for Capital Formation (April 5, 1990)	Speech	$2000	x
National Beer Wholesalers (May 7, 1990)	Speech	$2000	x
Edison Electric Institute (May 10, 1990)	Speech	$1000	x
Timmons & Company (May 22, 1990)	Speech	$2000	x
U.S. Chamber of Commerce (June 14, 1990)	Speech	$ 500	x
Focus of the Family (May 2, 1990)	Speech	$ 400	x
Milk Industry Foundation (June 21, 1990)	Speech	$2000	x
A.E. Staley Manufacturing (June 30, 1990)	Speech	$1000	x
ADM (June 30, 1990)	Speech	$1000	x
American Textile Manufacturers (July 10, 1990)	Speech	$2000	x
National Association Manufacturers (Sept. 5, 1990)	Speech	$1500	x
National Restaurant Association (Sept. 25, 1990)	Speech	$2000	x

See Attachment: Part I Continued

PART I (Continued)

SOURCE	TYPE	AMOUNT	Mark if directed or paid to charity
Fidelity (Oct. 4, 1990)	Speech	$2000	x
Financial Executive Institute (Oct. 11, 1990)	Speech	$2000	x
Evans-Novak Political Forum (Nov. 26, 1990)	TV Appearance	$ 500	x
500 Club New York (Nov. 26, 1990)	Speech	$1000	x
Washington Focus (Dec. 6, 1990)	Speech	$2000	x
Federal Home Loan Bank Atlanta (May 11, 1990)	Speech	$2000	x
COS Limited Partnership	Spouse -- Management Fee	NA	

Reporting Individual's Name

Newt Gingrich

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S. DC. JT Examples:	S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		1st American Bank (checking acc.)	x											x				–	x									
S		Bank One (checking acc.)		x										x						x								
		Wright Patman Credit Union	x											x					x									
		Merrill Lynch (SEP Plan)			x									x						x								
		Merrill Lynch (money market)			x							x									x							
		Merrill Lynch (treasury Stripes)			x									x						x								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Newt Gingrich

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	C & S Bank, Carrollton (IRA)		x										x						x								
	C & S Bank, Carrollton (IRA)			x									x							x							
	Carrollton Federal (IRA)		x										x						x								

Reporting Individual's Name
Newt Gingrich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Newt Gingrich

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
Berger Real Estate, Lancaster, PA	Picture	$200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Cliff Stearns for Congress		Feb.9, 1990	Air Travel Wash.,D.C. to Ocala to Atlanta, GA	
South Carolina Policy Council		2/12/90	Montgomery, Alabama to Columbia, SC to Atlanta, GA	
GOPAC		2/13/90	Atlanta, GA to San Francisco, 1 night lodging & food	
Wally Herger for Congress		2/14/90	San Francisco, CA to Redding, CA to Boise, ID, 1 night lodging & food	
John Hiler for Congress		2/15/90	Boise, ID to South Bend, IN	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

See Attachment - Part VII Continued

PART VII (Continued)

SOURCE	DATE(s)	BRIEF DESCRIPTION (Itinerary & Nature of Expenses)	Gift
Fred Upton for Congress	2/16/90	South Bend, IN to St.Joseph, MI to Detroit, MI, 1 night lodging & food	
Oakland County Republicans	2/17-18/90	Detroit, MI to Washington, DC, 1 nights lodging & food	
Congressional Institute	2/22-24/90	Washington,D.C. to Princeton, NJ by train, 2 nights lodging & food	
GOPAC	2/24-26/90	Princeton, NJ to New York, NY to Washington, DC, 2 nights lodging & food, self and spouse, travel by train	
Evans/Novak	3/2-4/90	Fredrick MD to Boca Raton, FL, 2 nights lodging & food, self and spouse	
Harris Fawell for Congress	3/4/90	Boca Raton, FL to Chicago, IL to Washington, DC	
Mass. Republican Party	3/9/90	Atlanta, GA to Boston, MA to Atlanta, GA	
West VA Republican Party	3/15/90	Round Trip Washington, DC to Wheeling, W.VA	
Dan Burton for Congress	3/16/90	Washington, D.C. to Indianapolis, IN, 1 night lodging & food	
Joel Hefley for Congress	3/17/90	Indianapolis, IN to Denver, CO, 1 night lodging & food	
GOPAC	3/18-19/90	Denver, CO to Washington, D.C., 1 night lodging & food	
National Fed. Republican Women	3/23/90	Round trip Atlanta,GA to Nashville, TN	
Firing Line	3/26/90	Atlanta, GA to Columbia, SC to Washington, DC	
Southern Republican Leadership Conf.	3/29-4-1/90	Round trip Washington, DC to Raleigh, NC, 2 nights lodging & food, self and spouse	
Lightfoot for Congress	4/6/90	Omaha, Nebraska to Council Bluffs, Iowa to Dallas, Texas	
Republican National Comm.	4/7-13/90	Dallas, Texas to Maui, Hawaii to Atlanta, GA, 6 nights lodging & food, self and spouse	
Quillen for Congress	4/16/90	Round trip Atlanta, GA to Johnson City, TN	
Lancaster Republican Party	4/26/90	Round trip Washington, D.C. to Lancaster, PA	

NEWT GINGRICH
6TH DISTRICT, GEORGIA

REPUBLICAN WHIP

1620 LONGWORTH BUILDING
WASHINGTON, DC 20515
202-225-0197

Congreſs of the United States
House of Representatives
OFFICE OF THE REPUBLICAN WHIP
Washington, DC 20515

INSIDE MAIL

RECEIVED
1991 JUN 20 AM 7:35
U.S. HOUSE

June 19, 1991

Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth Building
Washington, D. C. 20515

① ✓ MC

Dear Donn:

I am amending my 1990 financial disclosure report as follows:

Part VI - Tangible Gifts - One set of Civil War Tapes received from General Motors valued at $129.

Please contact me if there are any questions regarding this amendment.

Sincerely,

Newt

Newt Gingrich
Republican Whip

cc: Committee on Standards of
Official Conduct

Newt Gingrich

PART VII (Continued)

SOURCE	DATE(s)	BRIEF DESCRIPTION (Itinerary & Nature of Expenses	Gift
Maine Republican Party	4/27/90	Washington, DC to Augusta, Maine to Atlanta, GA, 1 night lodging and food	
Craig James for Congress	5/25/90	Round trip Washington, DC to Jacksonville, FL	
Blanton for Congress	6/8/90	Washington, DC to Charlotte, NC to Atlanta, GA	
John Duncan for Congress	6/15/90	Washington, DC to Knoxville, TN to Atlanta, GA, 1 night lodging and food	
Regula for Congress	6/29/90	Washington, DC to Canton, OH, 1 night lodging and food, self and spouse	
Michel for Congress	6/30/90	Canton, OH to Decatur, IL to Atlanta, GA	
Independent Insurance Agents of Georgia	7/6/90	Atlanta, GA to Ashville, NC to Washington, DC, 3 nights lodging and food, self and spouse	
Face the Nation	7/15/90	Atlanta, GA to Washington, DC	
New York State Party	7/16/90	Round trip Washington, DC to New York, NY	
Homebuilders of GA	8/4/90	Washington, DC to Toronto, Canada to Atlanta, GA, 3 nights lodging and food, self and spouse	
Chattanooga Young Republicans	8/17/90	Round trip Atlanta, GA to Chattanooga, TN	
Dickinson for Congress	9/17/90	Round trip Atlanta, GA to Montgomery, AL	
AIPAC	9/23/90	Atlanta, GA to New York, NY to Washington, DC, 1 night lodging and food	
Zimmer for Congress	10/1/90	Round trip Washington, DC to Princeton, NJ	
Mangini for Congress	10/15/90	Round trip Washington, DC to Williamstown, NJ	
GOPAC	11/11/90	Pittsburgh, PA to Washington, D.C.	

Newt Gingrich

PART VII (Continued)

SOURCE	DATE(s)	BRIEF DESCRIPTION (Itinerary & Nature of Expenses)	Gift
GOPAC	11/15/90	Atlanta, GA to Tampa, FL to Williamsburg, VA to Atlanta, GA	
Virginia Republican Leadership Group	11/17-18/90	2 nights lodging & food (Williamsburg, VA)	
Dundee Industries	11/26/90	Atlanta, GA to New York, NY, lunch	
500 Club	11/26/90	New York, NY to Washington, DC	

* All of the travel was by Air unless otherwise indicated

Reporting Individual's Name
Newt Gingrich

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Nomonhan, Ltd. (terminated 1990)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Newt Gingrich	5/14/91

GPO 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:21
U.S. HOUSE OF REPRESENTATIVES

Daniel R. Glickman
(Full Name)

2311 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: Kansas; District: Fourth	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED
Mc
(Office Use Only) ⑩

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Glickman, Inc. (family business)	Director's Fee	$4000.00	
(no honoraria received in 1990)			

For additional earned income, use next page

Reporting Individual's Name

Daniel R. Glickman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Glickman, Inc. (family-owned Subchapter-S Corporation)							X			X														X		
			J. M. Glickman Trust #1 (trust assets: working interests in oil and gas leases in various locations in Kansas)			X													trust distribution					X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Daniel R. Glickman

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Glickman Family Trust (trust assets: cash and real estate in the 600 block of South St. Francis Street in Wichita, Kansas)		X														none in 1990	X									
	Conoco Oil and Gas		X														oil royalty			X							
	American West Airlines		X														capital loss				X						X
	American Discount Securities -- Individual Retirement Account		X											X					X								
S	Wright-Pattman Federal Credit Union		X										X					X									
S	Wright-Pattman Federal Credit Union -- Individual Retirement Account		X															X									
JT	Citicorp Mortgage	X											X					X									X
JT	Kansas State Bank and Trust			X									X							X							
DC	Wright-Pattman Federal Credit Union		X										X					X									
DC	Kansas State Bank and Trust		X										X						X								
DC	Madison National Bank		X										X						X								
DC	Amvestors Financial Inc.		X								X							X									
DC	Affiliated Funds Inc.		X								X							X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Daniel R. Glickman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
DC	IBM Inc. Common stock		X								X							X									
DC	Sears Roebuck and Company Common stock		X								X							X									

Reporting Individual's Name

Daniel R. Glickman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	American West Airlines, 300 shares of common stock, (loss)		X		May 23, 1990	X						
JT	Citicorp Mortgage -- mortgage refinancing				Sept. 24, 1990	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Daniel R. Glickman

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED SHEET				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Attachment A, page 1

Reporting Individual's Name

Daniel R. Glickman

PART VII -- "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	DATE	BRIEF DESCRIPTION
American Farm Bureau Federation	Jan. 9, 1990	Airfare--Washington, D.C. to Orlando, Florida to Kansas City, Missouri; speech
University of Massachusetts	Feb. 2-3, 1990	Airfare--Washington, D. C. to Hartford, Connecticut and and return
Commodity Exchange	Mar. 9-11, 1990	Airfare--Washington, D. C. to Miami, Ft. Lauderdale to Washington, D. C., 3 days food and lodging for self and spouse; speech to annual Futures Industry Association convention
Chicago Mercantile Exchange	April 1-2, 1990	airfare--New York to Chicago to Washington, D. C., one day lodging and food
Commodity Exchange	April 27, 1990	airfare--Washington, D.C. to New York and return
Goldman-Sachs	May 18-19, 1990	airfare--Washington, D. C. to New York to Detroit to Washington, D. C.; speech

Attachment A, page 2

Reporting Individual's Name

Daniel R. Glickman

PART VII -- "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	DATE	BRIEF DESCRIPTION
New York Stock Exchange	May 18, 1990	one day's lodging and food in New York
New York Institute of Finance	June 21, 1990	airfare--Washington, D. C. to New York; speech
Bank for Cooperatives	July 2-3, 1990	airfare--Washington, D.C. to Denver to Wichita, Kansas, one day food and lodging
Wichita Chamber of Commerce	Sept. 2, 1990	airfare--Wichita to Dallas to Washington, D. C.; meeting with Southwest Airlines
Union of American Hebrew Congregations	Sept. 10-11, 1990	airfare--Washington, D.C. to New York to Washington, D.C., one day lodging and food; speech
National Association of Farm Broadcasters	Nov. 9, 1990	airfare--Washington, D. C. to Kansas City to Washington, D.C.; speech
General Aviation Manufacturers Association	Nov 29- Dec 2, 1990	airfare--Washington, D. C. to to Tucson to Washington, D.C. 2 days lodging and food for self and spouse; speech

Reporting Individual's Name
Daniel R. Glickman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
SEE ATTACHED SHEET	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave-of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dan Glickman	**DATE (Month, Day, Year)** May 15, 1991

GPO 1991 27-086 (m)

Attachment B

Reporting Individual's Name

Daniel R. Glickman

PART VIII--POSITIONS

POSTIONS	NAME OF ORGANIZATION
Director	Glickman, Inc.
Director	J. M. Glickman Trust, #1
Director	Kansas Arthritis Foundation
Director	Sedgwick County Mental Health Association
Director	Institute for Clinical Research
Director (ex officio)	Big Brothers-Big Sisters of Wichita
Member	Kansas Institute for Peace and Conflict Resolution, Advisory Committee
Member	Congregation Emanu-El
Member	Albert Pike Shrine Lodge
Member	Distributive Education Clubs of America, Congressional Advisory Board
Member	Wichita Aeronautical Historical Association, Advisory Committee
Member	QUEST, Board of Advisors
Member	The Wichita State University College of Health Professions, Visiting Committee

DAN GLICKMAN
FOURTH DISTRICT—KANSAS

ASSISTANT MAJORITY WHIP

COMMITTEES:
AGRICULTURE
CHAIRMAN, SUBCOMMITTEE ON
WHEAT, SOYBEANS AND FEED GRAINS
JUDICIARY
SELECT COMMITTEE ON INTELLIGENCE
SCIENCE, SPACE, AND TECHNOLOGY
DEMOCRATIC STEERING AND POLICY

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

1212 LONGWORTH BUILDING
WASHINGTON, DC 20515-1604
(202) 225-6216

401 N. MARKET ST.
ROOM 134
WICHITA, KS 67202
(316) 262-8396

335 N. WASHINGTON
SUITE 220
HUTCHINSON, KS 67501
(316) 669-9011

MYRNE ROE
ADMINISTRATIVE ASSISTANT
AND STAFF DIRECTOR
GREG FRAZIER
EXECUTIVE ASSISTANT

May 29, 1991

HAND DELIV...

MAY 31 PM 2 50

✓
MC

The Honorable Louis Stokes, Chairman
Committee on Standards of Official Conduct
Suite HT-2, U. S. Capitol
Washington, D. C. 20515

Dear Mr. Chairman:

Your letter of May 24, 1991 raised two questions about Part IV -- Transactions of my Financial Disclosure Statement for 1990 filed May 15, 1991 with the Clerk of the House of Representatives pursuant to Title I of the Ethics in Government Act. Specifically, the checklist accompanying your letter requested additional information concerning the following items:

1) Disposition: Royalty Interest, Barton County, Kansas listed in 1989, but not in 1990 and

2) Acquisition: Affiliated Funds, Inc., listed in 1990, but not in 1989.

This letter represents my formal response to your letter clarifying these items. I am responding in this fashion as opposed to filing an amended disclosure statement pursuant to advice provided by the staff of the Committee on this date.

Item 1: Royalty Interest, Barton County, Kansas.

Your letter and the Committee's checklist raised a question about whether I disposed of this asset in 1990 since it was disclosed on my 1989 Financial Disclosure Statement but does not appear on my 1990 Financial Disclosure Statement.

There was no disposition of this asset in 1990. As the Committee knows, the format for disclosing holdings and unearned income for 1990 statements changed significantly from the format used in 1989. The Committee's questions may result from the way this asset and the income I earned from it were reported in 1989 and the way it was disclosed on my 1990 Statement.

In my 1989 Statement, I disclosed unearned income from the asset in Part II B -- Unearned Income as follows:

Royalty, Continental Oil Company; category of value: A.

In the same statement, I disclosed this asset as follows:

> Royalty Interest, oil and gas lease, Barton County, Kansas; category of value: B.

In Parts II and III -- Assets and "Unearned" Income of my 1990 Statement I reported the following asset and income:

> Conoco Oil and Gas; category of value: B; type of income: oil royalty; category of amount of income: III.

As is customary in the oil and gas business, I am the owner of the oil and gas royalty interest and Continental Oil Company (Conoco Oil and Gas Company) is the operator of the property. The royalty income I earn from the property in Barton County is distributed to me by the operator, Continental.

In 1989 I reported unearned income paid to me by Continental Oil Company and a holding of a royalty interest in Barton County, Kansas in two separate places in the statement. In 1990, I reported Conoco Oil and Gas as an income source and income in the form of an oil royalty in one place in that statement.

These items are the same, which is why I reported no transaction relative to the asset and no disposition of it on my 1990 Statement. They are, however, described slightly differently on these two statements which may explain the cause for the Committee's questions.

Item 2: Affiliated Funds, Inc.

Your letter and the Committee's checklist raised a question about whether this asset was acquired in 1990 since it was reported on my 1990 Statement but not on my 1989 Statement.

There was no acquistion of this asset in 1990. It was reported in both my 1989 and 1990 Statements, albeit by an abbreviated corporate name in 1990.

In Part II B -- Unearned Income of my 1989 Statement, I disclosed dividend earnings of my children as follows:

> Dividend, Lord Abbott Affiliated Mutual Fund, children; category of value: A.

In that same statement, in Part III -- Holdings, I disclosed holdings of this asset as follows:

Children's holdings, mutual funds; category of value: B.

In Parts II and III -- Assets and "Unearned" Income of my 1990 Statement I disclosed assets and income of my dependent children as follows:

Affiliated Funds, Inc.; category of value: B; type of income: dividends; category of amount of income: I.

This is the same asset and income from that asset as reported in 1989 as derived from Lord Abbot Affiliated Mutual Fund.

There was no acquisition of this asset in 1990 which is why I reported no transaction relative to the asset on my 1990 Statement. I did, however, report the asset and income by an abbreviated name in 1990 which may explain the cause for the Committee's questions.

If the Committee has further questions about these items or any other aspect of my 1990 Statement, its staff should consult with Greg Frazier in my office on extension 5-6216.

With best personal regards, I remain

Sincerely,

Dan Glickman

DAN GLICKMAN
Member of Congress

/gf

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

991 APR 25 AM 7: 05

⑤

HENRY B. GONZALEZ
(Full Name)
2413 RAYBURN BLDG.
(Mailing Address)
WASHINGTON, DC. 20515

Filer Status	☑ Member of the U.S. House of Representatives State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination Termination Date: ____

MC **INSIDE MAIL**
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	NONE			

For additional earned income, use next page

Reporting Individual's Name
HENRY B. GONZALEZ

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	TEXAS BANK			X									X							X							
	PATMAN CREDIT UNION		X										X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☑

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☑

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Schedule 1

FINANCIAL DISCLOSURE STATEMENT FOR CALENDER YEAR 1990

WILLIAM F. GOODLING

Parts II and II - Assets and "Unearned" Income
Thoroughbred Horse Ventures

Description of Asset	Valuation of Asset
1/2 interest in a joint venture owning a brood mare and her colt	4,250
1/2 interest in a joint venture owning a brood mare and her filly	4,000
1/3 interest in a joint venture owning a brood mare and her filly and a share of a stallion	3,833
1/3 interest in a joint venture owning a share of a stallion	6,667
Brood mare	2,000
Unnamed yearling	2,000
Total of All Interests	22,750

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☑

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Henry B. Gonzalez	4-24-91

GPO 1981 37-598 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 AM 11:34
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

William Franklin Goodling
(Full Name)

R.D. 8
York, Pennsylvania 17403
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: PA District: 19th	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) (7)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
Commonwealth of PA Public School Employees' Retirement System		Pension	5,475	
Farm Joint Ventures		Feeding & Boarding Fees	5,979	
Assn. of American Publishers Washington, D.C. 1/22/90		Speech	1,000	
Council for Advancement & Support of Education Washington, D.C. 1/31/90		Speech	250	
American School Food Service Association Washington, D.C. 2/26/90		Speech	1,500	
American Medical Association Phoenix, AZ 2/25/90		Speech	2,000	
National PTA Legislative Conference Washington, D.C. 3/7/90		Speech	200	
Council for Scientific Society Presidents Washington, D.C. 5/9/90		Speech	250	
National Association of Manufacturers Washington, D.C. 6/12/90		Speech	1,000	
The Pennsylvania State University State College, PA 6/29/90		Speech	1,000	

For additional earned income, use next page

Reporting Individual's Name
William F. Goodling

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
U.S. English Foundation Washington, D.C.	7/20/90	Speech	2,000	
National Association of Broadcasters Boston, MA	9/14/90	Speech	2,000	
Consumer Bankers Association Washington, D.C.	12/4/90	Speech	2,000	
Suburban School District		Spouse Salary	N/A	
Christmas Tree Hill, Inc.		Spouse Salary	N/A	
Farm Joint Ventures		Spouse Feeding & Boarding Fees	N/A	

Reporting Individual's Name
William F. Goodling

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	York Water Company stock	X									X							X									
JT	AT&T stock	X									X							X									
S	Corestates Financial Corp.	X									X							X									
	IRA Account, Peoples Bank of Glen Rock		X										X					X									
JT	Farm Land - 22 acres, Wright Good Farms, York, PA						X											X									
JT	Joint Ventures - See attached Sch. 1			X													Business Income	X									

For additional assets and unearned income, use next page

Reporting Individual's Name

William F. Goodling

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	3 Offspring sold by joint ventures		X			X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First Capitol Bank - York, PA	Mortgage on 22 acre farm				X			
	First Capitol Bank - York, PA	Notes - unsecured		X					
	Congressional Federal Credit Union	Notes - unsecured		X					

Reporting Individual's Name

William F. Goodling

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒ XXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Miami Congressional Workshop		Jan. 12-14, 1990	Roundtrip air from Wash., DC to Miami, self and spouse food and lodging	
American Medical Association		Feb. 25, 1990	Roundtrip air from Wash., DC to Phoenix, AZ	
Nat'l Center for Family Literacy		March 8-9, 1990	Roundtrip air from Wash., DC to Chapel Hill, NC	
New York School Boards Association		May 11, 1990	Roundtrip air from Wash., DC to Syracuse, NY	
National Association of Broadcasters		Sept. 14, 1990	Roundtrip air from Wash., DC to Boston, MA	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

ETHICS IN GOVERNMENT ACT--FINANCIAL DISCLOSURE STATEMENT 1990

The Honorable Barton J. Gordon
Member of Congress
Sixth District
Tennessee

PART I--EARNED INCOME

DATE (Of Receipt)	EVENT	AMOUNT
01/09/90	FLUOR CORPORATION Irvine, CA 01/09/90 Speaking engagement	$2000
02/16/90	BAXTER HEALTHCARE CORP. Irvine, CA 01/09/90 Speaking engagement	$1000
02/06/90	ARCO Los Angeles, CA 01/10/90 Speaking engagement	$2000
01/29/90	NORTHROP Los Angeles, CA 01/12/90 Speaking engagement	$2000
01/12/90	J.G. BOSWELL Los Angeles, CA 01/12/90 Speaking engagement	$1000
02/26/90	NATIONAL CATTLEMEN'S ASSOCIATION Nashville, TN 01/28/90 Speaking engagement	$1000
03/29/90	DISTILLED SPIRITS COUNCIL Washington, DC 03/29/90 Speaking engagement	$2000
04/05/90	BELLSOUTH CORPORATION Washington, DC 04/05/90 Speaking engagement	$1000

05/23/90	TELECOMMUNICATIONS INDUSTRY ASSOCIATION Washington, DC 05/04/90 Speaking engagement	$1000
05/30/90	PHILIP MORRIS Washington, DC 05/09/90 Speaking engagement	$1000
06/18/90	FIRST CHICAGO Chicago, IL 05/18/90 Speaking engagement	$1000
05/19/90	NATIONAL RESTAURANT ASSOCIATION Chicago, IL 05/19/90 Speaking engagement	$1000
05/21/90	CONNELL RICE AND SUGAR Newark, NJ 05/21/90 Speaking engagement	$2000
06/28/90	UNITED STATES FIDELITY AND GUARANTY COMPANY Washington, DC 06/28/90 Speaking engagement	$1000
07/10/90	AMERICAN BANKERS ASSOCIATION Washington, DC 07/10/90 Speaking engagement	$2000
07/11/90	UST Washington, DC 07/11/90 Speaking engagement	$2000
10/29/90	OCCIDENTAL CHEMICAL Columbia, TN 10/29/90 Speaking engagement	$2000
11/19/90	CHICAGO MERCANTILE EXCHANGE Chicago, IL 11/19/90 Speaking engagement	$ 750

11/19/90	CHICAGO BOARD OF TRADE Chicago, IL 11/19/90 Speaking engagement	$ 750
	TOTAL:	$26,500

NOTE: No honoraria donated to charity.

ETHICS IN GOVETNMENT ACT--FINANCIAL DISCLOSURE STATEMENT 1990

The Honorable Barton J. Gordon
Member of Congress
Sixth District
Tennessee

PARTS II AND III--ASSETS AND "UNEARNED" INCOME

The limited partnerships designated with astericks (**) are real estate investments which have had less than desirable results.

In checking with the investment company handling the properties, they indicated that the value and the income from Laurel Hills, Maple Canyon and Woodgate should be listed as zero.

Laurel Hills has been foreclosed upon, and the foreclosure process should be completed in the first half of 1991.

A reorganization plan for Woodgate was accepted by the bankruptcy court in July 1990. They have until April 30, 1991 to find a buyer. It is not likely that an offer will be obtained in excess of the debt of the partnership.

The Maple Canyon partnership included Maple Canyon Apartments and Rivermont Apartments. This partnership has been terminated: Maple Canyon apartments were sold in August of 1990 and the foreclosure sale of Rivermont Apartments took place in September of 1990. There was no return to the limited partners from these transactions.

All these properties are in Middle Tennessee with the exception of Maple Canyon Apartments which are in Columbus, Ohio.

Reporting Individual's Name
William F. Goodling

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XXXX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXXX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
William F Goodling

DATE (Month, Day, Year)
May 14, 1991

GPO 1991 37-086 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

MAY 15 AM 10:51
U.S. HOUSE OF REPRESENTATIVES

Barton Jennings Gordon
(Full Name)

103 Cannon Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: IN District: 6	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED VC
(Office Use Only)

(1)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SEE ATTACHED FORM: Part I--Earned Income			

For additional earned income, use next page

Reporting Individual's Name

Gordon, Barton J.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	304 A Street, SE, Washington, DC				X							X										X					
	Wright Patman Credit Union Accounts		X										X						X								
	Mid-South Bank and Trust IRA: (Murfreesboro, TN)																										
	Automated Cash Management Trust		X								X							X									
	Stock, National Healthcorp		X								X								X								
	Laurel Hills Limited Partnership **	X																X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Gordon, Barton J.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Maple Canyon Limited Partnership **	X																X									X
	Woodgate Limited Partnership **	X																X									
	**SEE ATTACHED EXPLANATION:																										
	Part II and III--Assets and "Unearned" Income																										

ETHICS IN GOVERNMENT ACT--FINANCIAL DISCLOSURE STATEMENT 1990

The Honorable Barton J. Gordon
Member of Congress
Sixth District
Tennessee

PART VII--REIMBURSEMENTS

Fluor Corporation (speaking engagement) January 9. Traveled on January 7 and January 12. Provided round trip transportation between Denver, CO, Los Angeles, CA and Washington, DC. Provided ground transportation and two nights' lodging.

Arco (speaking engagement) January 9. Provided one night's lodging and ground transportation.

Electronic Industries Association (for Northrop speaking engagement) January 12. Provided one night's food and lodging.

NOTE: The Congressman paid for one night's lodging himself while in California.

National Cattlemen Association (speaking engagement) January 28. Provided round trip transportation between Washington, DC and Nashville, TN.

First Chicago (speaking engagement) May 18. Provided ground transportation.

National Restaurant Association (speaking engagement) May 19. Provided round trip transportation between Washington, DC and Chicago, IL, on May 18 and May 20. Provided ground transportation and two nights' lodging.

Connell Rice and Sugar (speaking engagement) May 21. Provided round trip transportation between Washington, DC and Newark, NJ, and ground transportation.

Chicago Mercantile Exchange (speaking engagement) November 19. Provided round trip transportation November 18 and 19 between Washington, DC and Chicago, IL. Provided one night's food and lodging and ground transportation.

American Airlines (Czechoslovakia fact-finding trip) provided round trip transportation on March 7 and March 10 from Washington, DC to Frankfurt, Germany and from Zurich, Switzerland to Washington, DC.

Czechoslovak Society of Arts and Sciences (Czechoslovakia fact-finding trip) provided two nights' food and lodging in Prague, Czechoslovakia on March 8 and 9. Also provided airfare from Frankfurt, Germany to Prague on March 7 and from Prague to Zurich, Switzerland on March 10.

Reporting Individual's Name

Gordon, Barton J.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Maple Canyon Limited Partnership: Maple Canyon Apartments		X		08/16/90		$0.00					
	Rivermont Apartments		X		09/17/90		$0.00					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First City Bank, Murfreesboro, TN	Mortgage on rental unit/304 A St.			X				

Reporting Individual's Name

Gordon, Barton J.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED FORM: Part VII--Reimbursements				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Gordon, Barton J.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒ XXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒ XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Trust terminated Dec. 1989 Yes ☐ No ☒ XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒ XX

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Barton J. Gordon	**DATE (Month, Day, Year)** 05/13/91

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 PM 2 14
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

PORTER J. GOSS
(Full Name)

3869 GULF DRIVE
(Mailing Address)
SANIBEL, FLORIDA 33957

Filer Status ☒ Member of the U.S. House of Representatives State: FLORIDA District: 13 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑬

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Community Bank of The Islands	Spouse - Director's Fee	NA	

For additional earned income, use next page

Reporting Individual's Name

PORTER J. GOSS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
S, DC, JT		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	Berkshire Life Insurance Company			N/A													Annuity		X								
S	National Life of Vermont			N/A													Annuity			X							
	Aetna Life Insurance			N/A							X		X						X								
S	Fishers Island Utility Co., ~~New York~~ (stock)			X							X								X								
S	Fishers Island, New York property						X					X										X					
ALL	Community Bank of The Islands, Florida				X								X								X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
PORTER J. GOSS

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type) principal	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Notes from sale of Roller Tract partnership (sold 10/2/89) of undeveloped property-Lee Co.FL:																										
	1.Arzy			x									x				x					x					
	2.Block			x									x				x					x					
	3.Waitzkin		x										x				x				x						
	4.Thomas			x																		x					
	5.Bulmash			x									x				x				x						x
	6.Furman			x									x				x				x						x
JT	Fishers Island Park,New York Undeveloped Real Property						x											x(none)									
JT	Fishers Island Develpment Co. (stock)		x															x(none)									
	South Florida Bank,Florida (savings)	x											x						x								
	Atlantic City Sun,N.J.-stock/note			x														x(none)									
S	Community Bank of the Islands,FL (stock)			x														x(none)									
JT	South Florida Bank,FL (stock)		x															x(none)									
JT	Connecticut Bank & Trust,CT (savings)		x										x					x									
	Parts II and III continued on																										
	pages A-2 (b,c,d,e,f)																										

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PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S,DC	AMP Inc	C	Dividend	II	
S,DC	Abbott Laboratories	C	Div & Split	II	X
S,DC	Air Products & Chemicals	D	Dividend	III	
S	Allegheny Cnty Pa (B)	C	Interest	II	
S	Allegheny Cnty Pa (B)	C	Interest	IV	
S	Allentown Sch Dist PA DTD 4-1-86 (B)	C	Interest	III	
S	Allentown PA DTD 3-15-84 (B)	C	Interest	III	
S	Altoona City Auth Pa DTD 4-1-86 (B)	C	Interest	III	
S	Altron Inc	B	Dividend	I	
S	Aluminum Company of America	C	Dividend	II	
S	American Brands	C	Div & Split	III	
S,DC	American Home Products	F	Div & Split	V	
S,DC	American Information Inc.	E	Dividend	V	
S	American Telephone & Telegraph	C	Dividend	II	
S,DC	Atlantic Richfield	F	Dividend	V	
DC	Automatic Data Processing Inc.	B	Dividend	I	X
	Avnet Inc	B	Dividend	I	
DC	Avonworth Sch Dist Pa DTD 9-1-85 (B)	C	Interest	II	
S	BHC Communications Inc	C	Dividend	I	X
DC	Becton Dickinson & Co	B	Dividend	II	
S,DC	Bell Atlantic Corp	F	Div & Split	V	
S	Bellsouth Corp	C	Dividend	III	X
S	Berks Co PA DTD 3-15-88 (B)	C	Interest	III	
S	Bethel Pa Mun Auth Sch Bldg Rev (B)	B	Interest	II	
DC	Bordon Inc	C	Dividend	I	
S	Boynton Beach Fla Rcrtn & Muni (B)	C	Interest	III	
S	Boynton Beach Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Brentwood Pa Sch Auth (B)	B	Interest	II	
S,DC	Bristol Myers Squibb Co	E	Dividend	IV	
S	Broward Cnty Fla Hsg Fin Auth (B)	C	Interest	IV	
DC	Browning Ferris Industries Inc	B	Dividend	I	
S	Burlington Northern Inc	D	Dividend	IV	
S	Burlington Resources Inc	E	Dividend	IV	
S	Butler Co Area Voc-Tech Sch Auth (B)	C	Interest	III	
S	CPC International Inc	D	Dividend	III	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S,DC	CSX Corp	C	Dividend	II	
S	Central Greene Sch Auth PA Sch (B)	B	Interest	II	
S	Chester Co Indust Devel Auth PA (B)	B	Interest	II	X
S	Chevron Corp	C	Dividend	III	
S	Claftin Capital Subscription (Mass.)	C	Interest	II	
S	Coca Cola Co	E	Div & Split	IV	
DC	Corestates Financial Corp Pa	B	Dividend	I	X
DC	Corning Inc	B	Dividend	I	
S	Courtland Ala Indl Dev Brd Indl (B)	C	Interest	III	
S	D P L Inc	C	Div & Split	III	
DC	DF Gov't Securities Fund (Penn.)	E	Di,In,Gains	III	X
DC	DF Income Stock Fund (Penn.)	E	Di,In,Gains	II	X
S	DF Temporary Investment Fund (Penn.)	D	Dividend	V	X
S	Dade Cnty Fla Hsg Fin Auth (B)	C	Interest	IV	
S	Dade Cnty Fla Spl Oblig Miami (B)	D	Interest	IV	
S,DC	Disney Walt Co	E	Dividend	II	
S	Dow Chemical Co	E	Dividend	V	
S	Downington Area Jt Elem Sch Auth (B)	B	Interest	II	
S,DC	DuPont E I De Nemours & Co	E	Div & Split	IV	X
DC	Duke Power Co	B	Div & Split	II	
S	Eastman Kodak Co	C	Dividend	III	
S	Echlin Inc	B	Dividend	II	
DC	Eli Lilly and Co	C	Dividend	I	
S	Emerson Electric	C	Dividend	III	X
S	Erie Pa City Sch Dist Ser 74 (B)	C	Interest	II	
DC	Exxon Corp	D	Dividend	II	
S	FPL Group Inc	C	Dividend	IV	
DC	Fed Natl Mtg Assn Inc.	B	Dividend	I	X
S	Federal Agency Notes-Bought/sold w/in 3 days	G	Interest	II	X
S	Florida Progress Corp	C	Dividend	III	
S	Florida St Brd Ed Cap Outlay Ser (B)	C	Interest	III	
S	Florida St Pollution Ctl (B)	C	Interest	III	
S,DC	General Electric	F	Dividend	V	
	General Motors Corp	B	Dividend	II	
DC	General Re Corp	C	Dividend	I	
S	Georgia Pacific Corp	C	Dividend	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Greater Orlando Aviation Auth (B)	D	Interest	IV	
ALL	Heinz H J Co	C	Div & Split	III	X
*1	Hewlett-Packard Co	B	Dividend	I	
DC	I T T Corp	C	Dividend	I	
ALL	International Business Machine	G	Dividend	VI	
S	Jacksonville Fla Elec Auth Rev (B)	C	Interest	III	
S,DC	Johnson & Johnson	C	Dividend	II	X
S	K Mart Corp	D	Dividend	IV	
S	Keystone Oaks Pa Sch Auth Sch (B)	C	Interest	III	
S	Kissimmee Fla Elec & Wtr Rev (B)	C	Interest	III	
S	Lackawanna Cnty Pa New Pub Hsg (B)	C	Interest	III	
S	Lancaster Pa Pkg Auth Pkg Rev (B)	C	Interest	III	
	Lee Cnty Fla Sanibel (B)	B	Interest	II	
	Lee Cnty Fla Transn Facs (B)	B	Interest	II	
S	Leon & Polk Cntys Fla Hsg Fin (B)	B	Interest	II	
S	Lifeline Systems Inc	C	Dividend	I	
S	Lower Makefield Pa Tax Free (B)	C	Interest	III	
S	Lower Moreland Twp Auth (B)	C	Interest	III	
S	Lubrizol Corp	C	Dividend	III	
S	Manatee Cnty Fla Indl Dev Rev (B)	D	Interest	IV	
S	Margate Fla Wtr & Swr Impt (B)	D	Interest	IV	
S	Marion Cnty Fla Hosp Dist Rev (B)	D	Interest	IV	
S,DC	May Department Stores	D	Dividend	III	
S	McDonalds Corp	C	Dividend	II	
S	Mechanicsburg Pa Sch Dist Auth (B)	C	Interest	III	
DC	Melville Corp	C	Dividend	I	
S	Merck & Co Inc	F	Dividend	V	
S	Miami Beach Fla South Pointe (B)	D	Interest	IV	
S	Miami Fla Var Purp (B)	C	Interest	III	
S	Millcreek Twp Pa Swr Auth Swr (B)	B	Interest	II	
S	Millipore Corp	C	Dividend	II	
S,DC	Minnesota Mining & Manufacturing	F	Dividend	V	
S	Montgomery Co Indust Dev Au Pa (B)	C	Interest	III	
S	Motorola Inc	C	Dividend	II	
S	Mount Lebanon Genl Obl Ser 77 PA (B)	B	Interest	II	
S	National Computer Systems Inc	B	Dividend	I	

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Niceville Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Norfolk Southern Corp	D	Dividend	III	
S	Nynex Corp	B	Dividend	II	
S	Okaloosa Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Orange Cnty Fla Hsg Fin Auth (B)	B	Interest	II	X
S	Orange Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Overriding Royalty In State Oil Leases, LA	E	Royalty	VIII	
S,DC	PNC Common Stock Fund	E	Dividend	V	
ALL	PNC Financial Corp	E	Dividend	VI	X
S	PNC Long Term Municipal Fund	E	Dividend	V	
DC	PNC Personal Stif	C	Interest	IV	
S	PPG Industries Inc	F	Dividend	V	X
S	Pacific Telesis Group	B	Dividend	II	
S	Pasco Cnty Fla Wtr & Swr Rev (B)	D	Interest	II	
S	Penna Commonwealth DTD 9-1-76 (B)	C	Interest	III	
S	Penna Higher Educ Facils Auth (B)	C	Interest	III	
S	Penna Hous Finance Agency (B)	C	Interest	III	
S,DC	Penney J C Co Inc	C	Dividend	III	
S	Pennsylvania Hwy (B)	B	Interest	II	
S	Pennsylvania St (B)	C	Interest	III	
S	Pennsylvania St (B)	C	Interest	III	
S	Pennsylvania St Genl Obl (B)	C	Interest	III	
S	Pennsylvania St Pub Sch Bldg (B)	C	Interest	III	
S,DC	Pepsico Inc	D	Div & Split	II	X
S,DC	Philip Morris	E	Dividend	III	X
S	Premark International Inc	B	Dividend	I	
S	Proctor & Gamble Co	D	Dividend	III	
DC	Puerto Rico Govt Devel Bank Bds (B)	C	Interest	II	
S	Puerto Rico Housing Auth (B)	B	Interest	II	
S	Quakertown Pa Area Jt Sch Auth (B)	B	Interest	II	
S	Raytheon Co	C	Dividend	III	
S	Royal Dutch Pete Co	C	Dividend	III	
S	Salt River Proj Agric Impt & Pwr (B)	C	Interest	III	
S,DC	Sara Lee Corp	D	Dividend	II	
DC	Schlumberger Ltd	C	Dividend	I	
S,DC	Scott Paper Co	D	Dividend	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
DC	Sherwin Williams Co	C	Dividend	I	
S	Souderton Pa Area Jt Sch Auth (B)	C	Interest	III	
S	South Florida Wtr Mgmt Dist Spl (B)	D	Interest	IV	
S	Southwestern Bell Corp	B	Dividend	II	
*2	TRW Inc	C	Dividend	III	X
S	Time Warner Inc	D	Div & Gain	VI	X
S	Transamerica Corp	C	Dividend	II	
S	U S West Inc	D	Div & Split	IV	
DC	USA TReas NTS DTD 12-3-85	C	Interest	II	
S	USA Treas NTS DTD 10-15-87	C	Interest	III	
DC	Union Pacific Corp	B	Dividend	II	
S	Unitrin Inc	B	Dividend	I	X
S	Upper St Clair Twp Pa Sch Auth (B)	B	Interest	II	
DC	Venture Stores	B	Interest	I	X
S	Volusia Cnty Fl Sch Dist (B)	C	Interest	III	
S	Volusia Cnty Fla Hosp Rev (B)	D	Interest	IV	
S,DC	Wal-Mart Stores Inc	E	Div & Split	II	X
S,DC	Waste Management Inc	E	Dividend	III	X
S	Wells Fargo & Co	C	Dividend	III	
S	West Goshen Sewer Auth Pa (B)	B	Interest	II	
S	Westinghouse Elec Corp	D	Div & Split	IV	
S	Wilson Pa Jt Sch Auth (B)	C	Interest	II	
DC	Woolworth Corp	C	Div & Split	I	

*1 - Owned separately by dependent child and filer

*2 - Owned separately by spouse and filer

Reporting Individual's Name

PORTER J. GOSS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Please see page A-3(a) & (b)											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
S, DC	Abbott Laboratories	Purchase	1-16, 7-3-90	C
S, DC	Aetna Life & Casualty	Sale	7-31, 12-20-90	B
S, DC	American Express	Sale	7-26, 10-30-90	C
DC	Automatic Data Processing	Purchase	7-31-90	B
S	Bellsouth Corp	Purchase	2-20-90	C
S	BHC Communications/Warner Comm.	Exchange (Merger)	1-18-90	C
S	Chester Co Indust Devel Auth Pa	Called	3-1-90	B
DC	Corestates Financial Corp Pa	Purchase	6-7-90	B
DC	DF Government Securities	Purchase	12-15-90	C
DC	DF Income Stock Fund	Purchase	12-17-90	C
S	DF Temporary Investment Fund	Purc 5-16-90	Sale 12-27,12-1	C
DC	DuPont E I De Nemours & Co	Sold	6-7-90	B
DC	Ecolab Inc	Sale	7-31-90	B
S	Emerson Electric	Purchase	1-23-90	C
S	Federal Agency Notes	Purchase	12-28-90	F (Sold 1-2-91)
DC	Federal National Mtg Assn	Purchase	6-8-90	B
S	Great Northern Nekoosa Corp	Cash Merger (Sale)	3-9-90	D
S	Hatboro Boro Auth PA	Called	10-1-90	C
S	Heinz H J CO	Purchase	12-20-90	C
S	Johnson & Johnson	Purchase	12-20-90	B
S	Orange Cnty FLA Cap Impt Rev	Called	10-1-90	C
S	Orange Cnty Fla Hsg Fin Auth	Called	10-1-90	C
DC	PNC Financial Corp	Sold	6-7-90	B
S	PPG Industries	Sale	1-11-90	B
S	Palm Beach Fla Ut	Sale	7-2-90	D
DC	Pepsico Inc	Purchase	6-8-90	B
S	Philip Morris Companies	Purchase	11-16-90	C
S	Pittsburgh Pa Pub Pkg Auth	Due	4-1-90	C
	Roller Tract Note - David Bulmash	Note Paid Off	2-8-90	C
	Roller Tract Note - Richard Furman	Note Paid Off	1-12-90	C
S	Santa Fe Pacific Corporation	Called	11-19-90	B
S	TRW Inc	Purchase	12-20-90	C
S	Time Warner Inc/Warner Communictn	Exchange (Merger)	1-18-90	E
DC	Torchmark Corp	Sold	12-10-90	C
S	United Technologies	Sale	12-20-90	C

Willis David Gradison, Jr.
Part I

1990 HONORARIA

January 4	National Restaurant Assn	$1000.00 *
January 16	American Enterprise Institute	500
January 30	American Hospital Assn	2000
January 23	Brookings Institution	400
Janaary 31	RJR/Nabisco	2000
February 2	Bradley, Woods & Co.	2000
January 26	Business-Higher Education Forum	2000
February 25	American Medical Assn	2000
February 21	Brookings Institution	400
February 14	John Hancock	2000
March 8	American Pharmaceutical Assn	2000
February 26	Brookings Institution	400
March 19	National Assn of Children's Hospitals	500
March 13	Brookings Institution	400
February 22	Congressional Quarterly	300
March 21	Paine Webber	2000
March 28	National Assn of Manufacturers	500
March 9	National Council of Community Hospitals	1000
March 13	Securities Industry Assn	2000
March 30	Manufacturers' Alliance for Productivity and Innovation, Inc.	1000
April 4	The Tax Council	500
February 23	Electronic Data Systems	2000
April 18	Aldrich, Eastman & Waltch	2000
April 4	American Physical Therapy Assn	2000
April 23	Healthcare Financial Management Assn	1500
April 25	College of American Pathologists	2000
April 28	T^2 Medical, Inc.	2000
May 8	Pacific Mutual	1000
March 29	Blue Cross & Blue Shield	2000
May 2	National Small Business United	1000

* $73,294.00 donated to charities.

Willis David Gradison, Jr.
Part I

1990 HONORARIA Page 2

May 1, 1990	Brookings Institution	$400.00
May 9	Brookings Institution	400
April 30	Washington Campus	500
May 9	Johnson & Johnson	1000
May 4	Mayo Foundation	1000
	Minnesota Society of Hospital Attorneys	1000
April 23	Pagonis & Donnelly Group	2000
April 5	American Group Practice Assn	2000
April 16	Marion Merrell Dow	2000
May 15	American Protestant Health Assn	2000
May 22	Washington Campus	500
May 9	International Chiropractors Assn	750
	American Chiropractic Assn	750
June 8	Syntex, Inc.	2000
May 16	Fleischman-Hillard/Medic Alert	2000
June 1	Midwest Business Group on Health	2000
June 14	American Society of Echocardiography	2000
June 20	National Assn of Broadcasters	1000
June 15	Pfizer, Inc.	2000
June 25	Washington Campus	500
May 11	Ohio Orthopaedic Society	500
July 10	Sweetener Users Assn	1000
June 26	American Sugar Alliance	2000
June 27	American Healthcare Systems Institute	2000
July 11	Washington Campus	500
September 10	National Assn of Community Health Centers, Inc.	500
September 11	Assn of Private Pension & Welfare Plans	1000
September 18	Price Waterhouse	2000
September 11	National Assn of Medical Equipment Suppliers	2000
October 2	Washington Tax Seminars	1000

Willis David Gradison, Jr.
Part I

1990 HONORARIA Page 3

September 13, 1990	Health & Life Organization	$500.00
September 18	Delaware Management Company	2000
October 5	Washington G-2 Reports	2000
October 1	Washington Campus	1000
October 1	Atlantic Information Services	1000
October 15	Brookings Institution	400
September 28	Health Industry Manufacturers Assn	1000
October 12	Enterprise Communications/Employee Benefits Expo '90	2000
November 14	Washington Campus	1000
December 7	Hospital Council of Northern and Central California	2000
November 17	National Council of Community Hospitals	2000

PART IV - TRANSACTIONS - PORTER J. GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
S	Unitrin Inc	Purchase	6-19-90	B
DC	Venture Stores/May Stores	Exchange (Merger)	12-10-90	B
S, DC	Wal-Mart Stores	Purchase	1-23,7-31,12-20	D
S, DC	Waste Management	Purchase	1-16,7-31,10-30	C
S	Xerox Corp	Sale	12-20-90	B

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THE DISCLOSED TRANSACTIONS.

Reporting Individual's Name

PORTER J. GOSS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XX

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
PORTER J. GOSS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director (Unpaid)	Fishers Island Utility Company
Director (Unpaid)	Fishers Island Development Company (FIDCO) - Resigned mid-1990

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because thay meet the three tests for exemption? (See Inctructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 14, 1991

GPO 1991 37-536 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -6 AM 6:08
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only) 23

WILLIS DAVID GRADISON, Jr.
(Full Name)

1125 Longworth HOB
Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Ohio District: 2 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	See schedule attached	Honoraria	93,600	see attached
	Gradison & Co., Inc.	Director's fees	6,500	see attached
	Public Employees Retirement System/Ohio	Pension	2,527	
	Interstate Commerce Commission	Salary		Spouse
	American Enterprise Institute	Salary		Spouse
	Ameritrust	Bank Advisory Fee		Spouse
	Railtex	Director's fee		Spouse
	International Bank	Consulting Fee		Spouse
	Conference Management (6-2-90)	Speech to transportation conference in Burlington, VT	2,000	Spouse
	Women at the Top (5-21-90)	Speech to Executive Women in Govt in DC	700	Spouse

For additional earned income, use next page

Reporting Individual's Name
Willis David Gradison, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Don Rudler (5-21-90)	Speech in Cincinnati, OH Role of Women in Mgmt	250	Spouse

Willis D. Gradison, Jr.
Part A-2(a)

Alternative valuation method for limited partnerships:

Estimate by Gradison & Co., Inc.

Reporting Individual's Name

Willis David Gradison, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Exam-ples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Gradison & Co., Inc. stock Cincinnati, Ohio								X	book value	X												X				
			American Cyanamid stock					X					X										X						
			Freeport McMoran stock						X				X												X				
			General Motors stock					X					X											X					
			Star Banc stock			X							X										X						
			Deere stock	X									X			X									X				X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis David Gradison, Jr.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Amax stock	X									X			X								X					X
	Nuveen tax-free reserves stock					X					X									X							X
	Pominex 1981-B Ltd Part.	X								X							partnership distribution		X								
	Pominex 1983-B Ltd Part.	X								X							partnership distribution			X							
	Court Street Center Ltd. Part.		X							X							partnership distribution	X									
S	Becton Dickinson stock		X								X								X								
S	Eastman Kodak stock		X								X			X						X							X
S	U.S. Shoe stock		X								X								X								X
S	Smucker stock			X							X								X								
S	IBM stock			X							X									X							X
S	DuPont stock		X								X			X							X						X
S	Nordstrom stock		X								X							X									
S	Sears stock		X								X								X								X
S	Nuveen tax-free reserves stock			X							X									X							X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis David Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Railtex stock, San Antonio, TX			X						cost	X							X									X
S	Toys R Us			X							X							X									
S	Xoma		X								X							X									
S	Pominex 1981-B Ltd Part.	X								X							partnership distribution	X									
S	Amber Park Ltd Part.	X								X							partnership distribution	X									
	Gradison & Co. Retirement Savings Plan				X												none	X									
	IRA:																										
	Gradison Cash Reserves, Inc.		X								X								X								X
	U.S. Government Securities		X										X						X								X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis David Gradison, Jr.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Keogh:																										
	Gradison Cash Reserves, Inc.					X					X											X					X
	U.S. Government Securities			X									X							X							
S	IRA:																										
S	Gradison Cash Reserves, Inc.	X									X						—		X								X
S	Vestronix stock		X							cost	X							X									X
S	U.S. Government securities		X										X						X								X
S	Gradison Government Income Fd.		X								X							X									X
DC	U.S. Government Securities			X									X								X						
DC	AT & T		X								X							X									
DC	Eastman Kodak		X								X							X									
DC	General Electric		X								X								X								
DC	Gradison Cash Reserves	X									X								X								X

Financial Disclosure A-2(a)

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis David Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
DC	Pacific Telesis			X							X								X								
DC	Texaco, common		X								X								X								
DC	Texaco, preferred	X									X							X									
DC	Star Banc		X								X							X									
DC	Unisys	X									X								X								
DC	Brunswick		X								X							X									
DC	Pier 1 Imports		X								X							X									X
DC	T^2 Medical		X								X							X									X
DC	U.S. Government Securities		X										X							X							X
DC	American Telephone & Telegraph		X								X							X									
DC	Freeport McMoran			X							X									X							
DC	Gradison Cash Reserves		X								X								X								X
DC	Pacific Telesis		X								X								X								
DC	Texaco common		X								X							X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis David Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
DC	USF & G	X									X								X								
DC	Southwestern Bell		X								X							X									X
DC	Bell South		X								X							X									X
DC	Freeport Gold	X									X			X					X								X
DC	U.S. Shoe		X								X							X									X
DC	Russellville, Ark. bonds		X										X					X									X
DC	Eastman Kodak		X								X								X								
DC	PepsiCo		X								X							X									X
DC	Starbanc		X								X							X									
DC	U.S. Shoe		X								X							X									X
DC	Xoma		X								X							X									
DC	Gradison Cash Reserves	X									X								X								X
DC	Procter & Gamble			X							X								X								X

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	IRA:											
	Gradison Cash Reserves stock	X			13 transactions--This is a money market fund.							
	U.S. Government Securities		X		5-15-90	X						
	Keogh:											
	Gradison Cash Reserves stock	X			13 transactions--This is a money market fund.							

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Deere stock		X		12-18-90			X				
	Amax stock		X		12-18-90		X					
	Nuveen tax-free reserves stock	X	X		74 transactions--This is a money market account.							
S	Eastman Kodak		X		12-3-90	X						
S	U.S. Shoe		X		12-3-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	IBM		X		12-3-90							
S	DuPont		X		12-3-90	X						
S	Sears	X			Dividend Reinvestment Plan							
S	Nuveen tax-free Reserves, Inc.	X	X		86 transactions--This is a money market account.							
S	Railtex stock	X			12-10-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	IRA											
S	Gradison Cash Reserves, Inc.	X	X		14 transactions--This is a money market fund.							
S	Vestronix stock	X			3-26-90	X						
S	Gradison Government Income Fund	X			3 transactions--This is a money market fund.							
S	U.S. Government securities		X		5-15-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
DC	U.S. Government securities		X		5-15-90		X					
DC	Freeport Gold		X		3-26-90	X						
DC	U.S. Shoe	X			11-21-90	X						
DC	Bell South	X			7-25-90	X						
DC	Southwestern Bell	X			7-25-90	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	x			10-12-90			x				
DC	Gradison Cash Reserves	X	X		39 transactions--This is a money market fund.							
DC	Pier 1 Imports	X			11-14-90	X						
DC	T^2 Medical	X			11-14-90	X						
DC	Gradison Cash Reserves	X	X		31 transactions--This is a money market fund.							
DC	Russellville, Ark. Bonds, due 7-1-95	X			7-25-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Willis David Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
DC	U.S. Shoe	X			11-21-90	X						
DC	Gradison Cash Reserves	X	X		23 transactions--This is a money market fund.							
DC	Procter & Gamble	X			Dividend Reinvestment Plan							
DC	PepsiCo	X			Dividend Reinvestment Plan							

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Willis D. Gradison, Jr.
Part VII

1990 REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

January 12-15	Lodging, meals, transportation for Member and spouse to participate in pharamceutical tour at Schering-Plough facility in Puerto Rico
January 25-27	Lodging, meals, transportation for Member and spouse to participate in Business-Higher Education Forum in Tucson, Arizona
February 2	Transportation and meal for hospital tour and speech to Bradley, Woods in New York, New York
February 14	Transportation and meal for participation and speech at Golden Key/John Hancock Mutual Life Insurance meeting in Boston, Massachusetts
February 24-25	Transportation, lodging and meals to participate in and give speech to American Medical Assn meeting in Phoenix, Arizona
February 23	Transportation and meals for speech to Electronic Data Systems in Dallas, Texas
March 23-25	Lodging, meals and transportation for participation in economic seminar sponsored by Hager-Sharp at Charlottesville, Virginia (Member and spouse)
April 16	Transportation for speech to Ohio Pharmaceutical Association in Columbus, Ohio
April 27-29	Transportation, lodging and meals for Member and spouse to participate in and speak to T^2 Medical meeting in Bermuda
May 4	Transportation and meals for speech to and tour of Mayo Clinic facilities and Minnesota Hospital Attorneys meeting, Rochester, Minnesota
June 1	Transportation and meal for speech to Midwest Business Group on Health in Chicago, Illinois
June 8	Transportation, meals and lodging for speech to Syntex Corp. in San Francisco, California
June 15	Transportation and meals for Pfizer tour of Infusaid facility in Norwood, Massachusetts
July 9-10	Transportation and lodging in connection with presentation of the Cooperstown Conference Man of the Year Award to spouse, Heather J. Gradison, former Chairman of the Interstate Commerce Commission, in Woodstock, Vermont

Willis D. Gradison, Jr.
Part VII

1990 REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT, Page 2

November 15-18	Transportation, meals and lodging for Member and spouse for speech to National Council of Community Hospitals in Santa Barbara, California
December 10	Transportation and meal for participation in New Member Orientation at Kennedy School, Cambridge, Massachusetts
December 6-8	Transportation, lodging and meals for Member and son for speech to Hospital Council of Northern & Central California, in Napa Valley, California

PART I - EARNED INCOME, INCLUDING HONORARIA

Source	Type	Amount
Amer. Machine Tool Assoc., Wash., D.C. (2/1/90)	Speech	$1,000
Calcot Bakersfield, CA (2/15/90)	Speech Tour facility	$1,000
Nat'l Oilseed Processors Assoc. San Diego, CA (2/17/90)	Speech	$1,000
Amer. Soc. Assoc. Exec. Wash., D.C. (3/6/90)	Speech	$1,000
American Bakers Wash., D.C. (1989 event)	Speech	$500
Nat'l Assoc. Manuf. Wash., D.C. (3/6/90)	Speech	$800
Soc. for Human Res. Mangemt. Wash., D.C. (3/15/90)	Speech	$1,500
Amer. Med. Assoc. Naples, FL (3/16/90)	Speech	$1,000
ConAgra Omaha, NE (3/26/90)	Speech	$2,000
Nat'l Lumber & Building Mat'l Wash., D.C. (3/26/90)	Speech	$1,000
Amer. Assoc. Pref. Providers Wash., D.C. (4/2/90)	Speech	$2,000
Nat'l Agric. Chem. Assoc. Wash., D.C. (4/5/90)	Speech	$500
Harris Corp. Wash., D.C. (4,17,90)	Participate in legis. conf.	$1,000
Management Services, Inc. Champaign, IL (5/11/90)	Speech	$2,000
Agric. Res. Inst. Reston, VA (5/14/90)	Speech	$2,000
Midwest Claims Assoc. Itaska, IL (5/21/90)	Speech	$2,000
Noble Lowndes Wash., D.C. (6/25/90)	Speech	$2,000
Nat'l Agric. Chem. Assoc.	Participate	$1,500

PART I - EARNED INCOME, INCLUDING HONORARIA

Source	Type	Amount
Amer. Machine Tool Assoc., Wash., D.C. (2/1/90)	Speech	$1,000
Calcot Bakersfield, CA (2/15/90)	Speech Tour facility	$1,000
Nat'l Oilseed Processors Assoc. San Diego, CA (2/17/90)	Speech	$1,000
Amer. Soc. Assoc. Exec. Wash., D.C. (3/6/90)	Speech	$1,000
American Bakers Wash., D.C. (1989 event)	Speech	$500
Nat'l Assoc. Manuf. Wash., D.C. (3/6/90)	Speech	$800
Soc. for Human Res. Mangemt. Wash., D.C. (3/15/90)	Speech	$1,500
Amer. Med. Assoc. Naples, FL (3/16/90)	Speech	$1,000
ConAgra Omaha, NE (3/26/90)	Speech	$2,000
Nat'l Lumber & Building Mat'l Wash., D.C. (3/26/90)	Speech	$1,000
Amer. Assoc. Pref. Providers Wash., D.C. (4/2/90)	Speech	$2,000
Nat'l Agric. Chem. Assoc. Wash., D.C. (4/5/90)	Speech	$500
Harris Corp. Wash., D.C. (4,17,90)	Participate in legis. conf.	$1,000
Management Services, Inc. Champaign, IL (5/11/90)	Speech	$2,000
Agric. Res. Inst. Reston, VA (5/14/90)	Speech	$2,000
Midwest Claims Assoc. Itaska, IL (5/21/90)	Speech	$2,000
Noble Lowndes Wash., D.C. (6/25/90)	Speech	$2,000
Nat'l Agric. Chem. Assoc.	Participate	$1,500

Reporting Individual's Name
Willis David Gradison, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	Public Broadcasting System	The Civil War tapes	approx $250

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
see schedule attached				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Willis David Gradison, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Gradison & Co., Inc., The 580 Building, Cincinnati, Ohio 45202
Trustee	The Gradison Foundation, Cincinnati, Ohio
Trustee	The Helen Steiner Rice Foundation, Cincinnati, Ohio

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Willis D. Gradison Jr.	May 6, 1991

GPO 1991 37-588 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

For use by Members, officers, and employees

91 MAY 15 PM 4:08

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HON. FRED GRANDY
(Full Name)

418 CANNON HOB
(Mailing Address)

WASHINGTON, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: IA District: 6th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) (10)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	A.S. Payroll, Inc. (Royalty Income)	Earned prior to membership in Congress. Not subject to earnings limitation	$22,035.04	
	MTM Enterprises, Inc.		18.14	
	Orion Pictures Distribution Corp.		456.80	
	Talent & Residuals		74.50	
	BMI		244.50	
	Catherine Mann Productions, Inc. (spouse)		6,000.00	
	Honoraria		see attached	

For additional earned income, use next page

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	DATES	DESCRIPTION
Jewish Comm. Relations Council of New York	1/6/90- 1/15/90	Roundtrip airfare, meals and lodging (Israel)
Dave Camp funder	1/3/90	Roundtrip airfare to Valley Plaza, Mi provided by Dow.
Calcot	2/15/90	Airfare from Ia. to Bakersfield, CA and L.A.
Nat'l Oilseed Processors	2/17/90	Airfare from L.A. to San Diego Food and lodging in San Diego.
	2/18/90	Airfare from San Diego to Indianapolis, IN.
Amer. Med. Assn.	3/16/90 - 3/17/90	Airfare from Wash. to Naples, FL and Naples to Sioux City, IA. Food and lodging for 1 night.
ConAgra	3/26/90	Private jet from Sioux City, IA to Omaha, NE. Private jet from Omaha, NE to Wash.
Aspen Institute	4/11/90 - 4/16/90	Roundtrip airfare to Bermuda, food and lodging for Member and spouse for 5 days.
NATPAC	4/19/90	One way airfare from Wash. to Chicago. Meals and overnight lodging for 1 night in Chicago.
Employer Benefit Systems	4/20/90	Airfare from Chicago to Sioux City, IA.
Jon Grunseth	4/27/90	Airfare from Wash. to funder Minneapolis to Sioux City, Ia.
Midwest Region, Inc.	5/6/90	Private jet from Sioux City Chicago. Airfare from Chicago to Washington.
Management Services, Inc.	5/11/90	Roundtrip airfare from Wash. to Champaign, IL.
Midwest Claims	5/20/90-	Airfare from Sioux City, IA

Assoc.	5/21/90	to Chicago and from Chicago to Wash. Meals and overnight lodging for 1 night.
Nat'l Pork Producers	6/2/90	Meals and overnight lodging for for one night in Des Moines,IA.
Cong. Tom Petri	6/24/90- 6/25/90	Airfare from Minneapolis to WI. Airfare from WI to Wash. Meals and lodging for 1 night.
Cong. Denny Hastert funder	7/13/90	Airfare from Wash. to IL. Airfare from IL to Omaha (closest airport to district)
Cong. Dan Burton funder	7/18/90- 7/19/90	Round trip airfare from Wash. to Indianapolis, IN. Lodging and meals for 1 night.
SMACNA	8/8/90	Private plane from Waterloo, IA to Spencer, IA.
Growmark	8/31/90	Private plane from Spencer, IA to Chicago and return.
Cong. Jay Rhodes	9/7/90- 9/8/90	Airfare from Wash. to Phoenix. Meals and lodging for 1 night.
Cong. J. McCrery	9/8/90- 9/9/90	Airfare from Phoenix to Shreveport, LA. Meals and lodging for 1 night.
Worthington,MN	9/15/90	Private plane from Sioux City, IA to Worthington, MN and return.
Ally Milder	9/18/90	Airfare from Omaha, NE to Wash.
Cong. J. Inhofe	9/28/90- 9/29/90	Airfare from Wash. to Tulsa. Meals and lodging for 1 night. Airfare from Tulsa to Omaha, NE (closest airport to district)
Ia. Methodist Health Care Syst.	11/14/90	Airfare from Wash. to Des Moines.
Congressional Institute - donors: Texaco Int'l Paper BellSouth Motorola Hecht, Spencer	11/30- 12/2	Transportation, food, lodging for 2 nights (St. Michael, MD)
ASTA	12/5/90	Airfare from Wash. to Chicago. Chicago to Spencer, IA.

Reporting Individual's Name

Hon. Fred Grandy

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	State of CA (refund)	X											X						X								
JT	Perpetual Savings Bank			X									X							X							
JT	Meritor Savings Bank			X									X								X						
DC	Trust Bank (Monica Mann Grandy)			X									X							X							
JT	Congressional Federal Credit Union		X										X						X								
DC	Sovran Bank (Monica Mann Grandy)		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Hon. Fred Grandy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Chevy Chase Savings Bank			X									X							X							
JT	Biogen Products			X							NA							X									
JT	Minneapolis Hotel Partners					X						X						X									
DC	Marya Gwin Grandy (short term trust)			X											X						NA						
DC	Charles Brendan Grandy (s.t. trust)				X										X						NA						
S	(defined benefit plan) Catherine Mann Productions					X					NA										NA						
	IRA							X			NA										NA						

Reporting Individual's Name
Hon. Fred Grandy

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Granman Productions, Inc.-dissolved				4-5-90							
	(Mr. Grandy was the sole shareholder and employee of Granman Productions, Inc. The corporation set up a pension plan and made annual contributions to it for Mr. Grandy's benefit. Granman Productions was dissolved in 1990 and funds were transferred to an IRA for Mr. Grandy's benefit).											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Biogen Medical Products	Limited Partnership		X					

Reporting Individual's Name
Hon. Fred Grandy

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
		N/A	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
			See Attachment	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Hon. Fred Grandy

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Granman Productions, Inc. - dissolved 4-5-90
Board of Directors	Briar Cliff College
Limited Partner	Biogen Medical Products
Limited Partner	Minneapolis Hotel Partners

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/91

GPO 1991 37-588 (m)

FRED GRANDY
5TH DISTRICT, IOWA

COMMITTEES:

WAYS AND MEANS

STANDARDS OF
OFFICIAL CONDUCT

INSIDE MAIL

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 28 AM 10:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

REPLY TO:
418 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-5476

IOWA DISTRICT OFFICES:
500 PIERCE STREET
SIOUX CITY, IA 51101
(712) 252-3550
211 NORTH DELAWARE
MASON CITY, IA 50401
(515) 424-0233
14 WEST 5TH STREET
SPENCER, IA 51301
(712) 262-8480

Congress of the United States
House of Representatives
Washington, DC 20515

May 24, 1991

The Honorable Donnald K. Anderson
Clerk of the House
H-105, U.S. Capitol
Washington, D.C. 20515

✓
MC ①

Dear Mr. Anderson:

I am furnishing the following information in order to amend my Financial Disclosure Statement For Calendar Year 1990: My IRA account is held by Piper, Jaffrey and Hopwood and consists of cash and stocks.

Thank you for your assistance and if you have further questions please contact my administrative assistant, Craig Tufty, at X55476.

Sincerely,
Fred
FRED GRANDY
MEMBER OF CONGRESS

FG/ns

FRED GRANDY
6TH DISTRICT, IOWA

COMMITTEES:

WAYS AND MEANS

STANDARDS OF
OFFICIAL CONDUCT

Congress of the United States
House of Representatives
Washington, DC 20515

REPLY TO:
418 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-5476

IOWA DISTRICT OFFICES:
508 PIERCE STREET
SIOUX CITY, IA 51101
(712) 252-6680
211 NORTH DELAWARE
MASON CITY, IA 50401
(515) 424-0233
14 WEST 5TH STREET
SPENCER, IA 51301
(712) 262-6480

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1991 JUN 13 PM 3:48
OFFICE
U.S. HOUSE OF REPRESENTATIVES

191

June 12, 1991

The Honorable Donnald K. Anderson
Clerk of the House
H-105, U.S. Capitol
Washington, D.C. 20515

①

Dear Mr. Anderson:

1 I would like to amend my Financial Disclosure Statement For Calendar Years 1987, 1988, 1989 and 1990 with the following information: Biogen Medical Products - Limited Partnership should only be included under the Assets category. It was incorrectly listed under the Liability category and should be deleted from that category. Also, it should be listed as being worth only $1,000 under the Valuation of Asset category.

Thank you for your assistance and if you have further questions please contact my administrative assistant, Craig Tufty, at X55476.

Sincerely,
Fred
FRED GRANDY
MEMBER OF CONGRESS

FG/n

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1991 JUN 13 PM 2:58
U.S. HOUSE OF REPRESENTATIVES

WILLIAM H. GRAY, III

1990 HONORARIA

DATE	ORGANIZATION	TYPE	AMOUNT	
1/3	Weber Group, Inc. Wash., DC	Honoraria	2000 1000	 Charity
1/9	RJR Nabisco Wash., DC	Honoraria	2000	
1/22	Association of Trial Lawyers of America Orlando, Fla.	Honoraria	2000	
1/23	Higher Education Opportunity Council Albany, NY	Honoraria	2000 1000	 Charity
1/25	Coleman/Bartlett Wash., DC	Honoraria	2000	
1/30	Distilled Spirits Council of the U.S. Wash., DC	Honoraria	2000	
1/31	Harris Corporation Wash., DC	Honoraria	2000	
1/31	Siemens Corporation Wash., DC	Honoraria	1500	
1/31	National Association of Independent Colleges and Universities Wash., DC	Honoraria	1000	
2/5	AT&T Merrimack Valley Ward Hill, Ma	Honoraria	2000 3000	 Charity
2/7	Fannie Mae Wash., DC	Honoraria	2000	
2/17	National Black Law Students Assoc., Uni. of Chicago Chicago, Ill.	Honoraria	2000	
2/22	Capital Legislative Services, Inc. Wash., DC	Honoraria	2000	

WILLIAM H. GRAY, III

3/7	Carpet & Rug Industry Wash., DC	Honoraria	2000	
3/10	Chicago Mercantile Boca Raton, Fl.	Honoraria	2000	Charity
3/13	American Public Transit Association Wash., DC	Honoraria	2000	Charity
3/16	The Urban Cardiology Research Center, Inc. New Orleans, LA	Honoraria	1000	Charity
3/20	American Business Conference Wash., DC	Honoraria	1000	Charity
3/20	Coleman/Bartlett Wash., DC	Honoraria	2000	Charity
3/28	American Dental Association Wash., DC	Honoraria	2000	Charity
4/5	American Trucking Assoc. Wash., DC	Honoraria	2000	Charity
4/6	UNCF/Citicorp Wash., DC	Honoraria	5000	Charity
4/7	National Black MBA Assoc. D.C. Chapter Fairfax, FA	Honoraria	3500	Charity
4/19	First Presbyterian Church Philadelphia, PA	Honoraria	300	Charity
4/23	UNCF Sarasota, Fl.	Honoraria	3500	Charity
4/29	International Association of Firefighters Atlantic City, NJ	Honoraria	2000	Charity

5/15	Dayton Newspapers, Inc. Dayton, Ohio	Honoraria	2000	Charity
5/16	Interstate Natural Gas Wash., DC	Honoraria	2000	Charity
5/17	Coleman/Bartlett Wash., DC	Honoraria	2000	Charity
6/12	Chemical Manufacturers Association Wash., DC	Honoraria	2000	Charity
8/31	Capital Gang Show Wash., DC	Fee	200	Charity
9/18	Delaware Management Company, Inc. Wash., DC	Honoraria	2000	Charity
10/3	Coleman/Bartlett Wash., DC	Honoraria	2000	Charity
10/13	NAACP Kansas City Branch Kansas City, Missouri	Honoraria	1000	Charity
10/16	American Stock Exchange Wash., DC	Honoraria	2000	Charity
12/5	Coleman/Bartlett Wash., DC	Honoraria	2000	Charity

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 15 PM 5:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

WILLIAM H. GRAY, III
(Full Name)

H-114 Capitol Building
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: PA District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC (Office Use Only) (11)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Kid's Inc. Washington, DC	Spouse	NA	
	Much Ado About Something, Wash., DC	Spouse	NA	
	SEE ATTACHMENT			

For additional earned income, use next page

Reporting Individual's Name
WILLIAM H. GRAY, III

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Chevy Chase Savings Bank-CD's (Spouse)				X																X								
	Bergner Associates Limited Partnership -- interest in building at 226-230 Martin Luther King Boulevard, Harrisburg, PA (See attached letter)																												

For additional assets and unearned income, use next page

Reporting Individual's Name
WILLIAM H. GRAY, III

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☑

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bergner Associates Limited Partnership -- interest in building at 226-230 Martin Luther King Boulevard, Harrisburg, PA (See attached letter)								

Reporting Individual's Name
WILLIAM H. GRAY, III

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☑

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHMENT				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

WILLIAM H. GRAY, III

PART VII - REIMBURSEMENTS

Aspen Institute-participant: Roundtrip air transportation from BWI-Jamaica-BWI for Member and Spouse, food & hotel accommodations for 4 nights

Association of Trial Lawyers of America-Speech: Roundtrip air transportation for Member and family member from Washington to Orlando to Washington; 1 night's hotel & loding

Higher Education Opportunity Council-Speech: Air transportation from Washington to Albany, NY to Washington

United Jewish Appeal-Speech: Transportation by train from Philadelphia to New York, 1 night's hotel & food

AT&T Merrimack Valley, Ward Hill, Mass-Speech: One way airfare from New York to Boston to D.C.

Drew University-participant: Air transportation from Washington to Morristown, N.J. to Philadelphia

National Black Law Students Association, Uni. of Chicago-Speech: One way airfare from Philadelphia to Chicago, 1 night's hotel & food

Philip Morris-Speech: Air transportation from Chicago to Palm Beach, Fla. return to Washington; 1 night's hotel & food

AFL-CIO-Speech: Helicopter from Palm Beach, Fla to Bal Harbour return to Palm Beach, Fla.

Rent-A-Center, Inc.-Speech: Air transportation from Philadelphia to Washington to Topeka

Kansas Statewide Democratic Party-Speech: Transportation (partial reimbursement)

Chicago Mercantile-Speech: Roundtrip airfare from Washington to Ft. Lauderdale to Philadelphia; 1 night's hotel & food

The Urban Cardiology Research Center-Speech: Roundtrip airfare from Washington to New Orleans to Washington; 1 night's hotel & food
Aspen Institute-participant: Roundtrip airfare for Member and Spouse Baltimore to Bermuda to Baltimore; 3 night's hotel & food

United Negro College Fund, Sarasota, Fla.-Speech: Air transportation from Washington to Sarasota,Fla. to Washington

WILLIAM H. GRAY, III

PART VII- REIMBURSEMENTS

Stanford University, U.S. Japan Legislative Conference-participant: Roundtrip airfare Washington to San Francisco to Monterey, Ca. to San Francisco to Washington; 2 night's hotel & food

University of S. Carolina at Aiken-Speech: Air transportation from Wash ington to Aiken, S.C. to Philadelphia

St. Christopher's Hospital-Speech: Air transportation from Philadelphia to Washington to Philadelphia

Dayton Newspaper, Inc.-Speech: Air transportation from Washington to Dayton, Ohio to Washington

Dionne Warwick AIDS Gala-Speech: Roundtrip airfare from Washington to Los Angeles, CA. to Washington; 2 night's hotel & food

Southern Christian Leadership Council-Speech: Air transportation from Washington to Philadelphia to Washington

NAACP, Kansas City Branch-Speech: Air transportation from Philadelphia to Kansas City, Missouri to Philadelphia

NAACP Legal Defense Fund-Speech: Roundtrip airfare from Philadelphia to San Francisco to Washington; 1 night's hotel & food

Fred Felder's Wedding-performed ceremony: Airfare from Philadelphia to St. Croix; 2 night's hotel & food

National Black Caucus of State Legislators-Speech: Airfare from St. Croix to St. Thomas to Washington; 3 night's hotel & food

Claremont School of Theology-Speech: Roundtrip airfare for Member and Staff, Washington to Ontario, CA to Washington; 1 night's hotel & food

University of Virgin Island-Speech: Roundtrip airfare for Member and Spouse from Washington to St.Thomas to Washington; 4 night's hotel & food

CHAIRMAN, DEMOCRATIC CAUCUS
OF THE HOUSE OF REPRESENTATIVES
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON TRANSPORTATION
SUBCOMMITTEE ON FOREIGN OPERATIONS
DISTRICT OF COLUMBIA
COMMITTEE

WILLIAM H. GRAY III
2D DISTRICT, PENNSYLVANIA

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
☐ 2454 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4001

DISTRICT OFFICES
☐ 6753 GERMANTOWN AVENUE
PHILADELPHIA, PA 19119
(215) 951-5388

☐ 2316 CECIL B. MOORE AVENUE
PHILADELPHIA, PA 19121
(215) 232-2770

☐ 22 N. 52D STREET
PHILADELPHIA, PA 19139
(215) 476-8725

May 15, 1991

Donnald K. Anderson
Clerk of the House
U.S. House of Representatives
Washington, DC 20515

Daer Mr. Clerk:

In previous years I have disclosed an interest in a limited partnership known as Bergner Associates Limited Partnership. During 1990 I was advised that the partnership became insolvent. The general partner has yet to provide additional information about the status of the partnership. Until I receive this information I have no way of knowing what, if any, equity interest I have in the partnership or what, if any, liabilities I may incur as a result of the partnership.

I will provide this information just as soon as I receive it.

Sincerely,

William H. Gray, III
Member of Congress

CHAIRMAN DEMOCRATIC CAUCUS
OF THE HOUSE OF REPRESENTATIVES
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON TRANSPORTATION
SUBCOMMITTEE ON FOREIGN OPERATIONS
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(215) 232-2770

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PHILADELPHIA, PA 19139
(215) 476-8725

INSIDE MAIL

May 24, 1991

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 24 PM 3:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Donnald K. Anderson
Clerk of the House
U.S. House of Representatives
Washington, DC 20515

✓
MC

Dear Donn:

In preparing my 1990 financial disclosure I inadvertantly failed to list dates of travel for Part VII - Reimbursements. Attached please find revised Part VII.

Sincerely,

William H. Gray, III
Member of Congress

Attachment

WILLIAM H. GRAY, III

PART VII **REIMBURSEMENTS**

Aspen Institute-participant: Roundtrip air transportation from BWI-Jamaica-BWI for Member and Spouse, food & hotel accommodations for 4 nights; Jan. 10-14, 1990

Association of Trial Lawyers of America-Speech: Roundtrip air transportation for Member and family member from Washington to Orlando to Washington; 1 night's hotel & loding; Jan. 21-22, 1990

Higher Education Opportunity Council-Speech: Air transportation from Washington to Albany, NY to Washington; Jan. 23, 1990

United Jewish Appeal-Speech: Transportation by train from Philadelphia to New York, 1 night's hotel & food; Feb. 4, 1990

AT&T Merrimack Valley, Ward Hill, Mass-Speech: One way airfare from New York to Boston to D.C.; Feb. 5, 1990

Drew University-participant: Air transportation from Washington to Morristown, N.J. to Philadelphia; Feb. 8, 1990

National Black Law Students Association, Uni. of Chicago-Speech: One way airfare from Philadelphia to Chicago, 1 night's hotel & food; Feb. 17, 1990

Philip Morris-Speech: Air transportation from Chicago to Palm Beach, Fla. return to Washington; 1 night's hotel & food; Feb. 18, 1990

AFL-CIO-Speech: Helicopter from Palm Beach, Fla to Bal Harbour return to Palm Beach, Fla.; Feb. 19, 1990

Rent-A-Center, Inc.-Speech: Air transportation from Philadelphia to Washington to Topeka; Feb. 24, 1990

Kansas Statewide Democratic Party-Speech: Transportation (partial reimbursement); Feb. 24, 1990

Chicago Mercantile-Speech: Roundtrip airfare from Washington to Ft. Lauderdale to Philadelphia; 1 night's hotel & food; Feb. 9-10, 1990

The Urban Cardiology Research Center-Speech: Roundtrip airfare from Washington to New Orleans to Washington; 1 night's hotel & food; March 15-16, 1990

Aspen Institute-participant: Roundtrip airfare for Member and Spouse Baltimore to Bermuda to Baltimore; 3 night's hotel & food; April 11-13, 1990

United Negro College Fund, Sarasota, Fla.-Speech: Air transportation from Washington to Sarasota,Fla. to Washington; April 23, 1990

Stanford University, U.S. Japan Legislative Conference-participant: Roundtrip airfare Washington to San Francisco to Monterey, Ca. to San Francisco to Washington; 2 night's hotel & food; May 4-6, 1990

University of S. Carolina at Aiken-Speech: Air transportation from Washington to Aiken, S.C. to Philadelphia; May 10, 1990

St. Christopher's Hospital-Speech: Air transportation from Philadelphia to Washington to Philadelphia; May 12, 1990

Dayton Newspaper, Inc.-Speech: Air transportation from Washington to Dayton, Ohio to Washington; May 15, 1990

Dionne Warwick AIDS Gala-Speech: Roundtrip airfare from Washington to Los Angeles, CA. to Washington; 2 night's hotel & food; June 29-30, 1990

Southern Christian Leadership Council-Speech: Air transportation from Washington to Philadelphia to Washington; Aug. 7, 1990

NAACP, Kansas City Branch-Speech: Air transportation from Philadelphia to Kansas City, Missouri to Philadelphia; Oct. 13, 1990

NAACP Legal Defense Fund-Speech: Roundtrip airfare from Philadelphia to San Francisco to Washington; 1 night's hotel & food; Nov. 19, 1990

Fred Felder's Wedding-performed ceremony: Airfare from Philadelphia to St. Croix; 2 night's hotel & food; Nov. 23-24, 1990

National Black Caucus of State Legislators-Speech: Airfare from St. Croix to St. Thomas to Washington; 3 night's hotel & food; Nov. 25-27, 1990

Claremont School of Theology-Speech: Roundtrip airfare for Member and Staff, Washington to Ontario, CA to Washington; 1 night's hotel & food; Dec. 3, 1990

University of Virgin Island-Speech: Roundtrip airfare for Member and Spouse from Washington to St.Thomas to Washington; 4 night's hotel & food; Dec. 13-16, 1990

Reporting Individual's Name
WILLIAM H. GRAY, III

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Beckman Singer Gray (see attached letter to Clerk)
Senior Preaching Pastor	Bright Hope Baptist Church (unpaid)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement
	N/A	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 15, 1991

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 12:27
U.S. HOUSE OF REPRESENTATIVES

BILL GREEN
(Full Name)
2301 Rayburn House Office Building
(Mailing Address)
Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: New York District: 15	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED MC (14)
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Executive Enterprises Inc. (1/12/90)	Speech	$1,000	
	Ken W. Chin (3/16/90)	Speech	$ 300	
	Council of Scientific Society Presidents (5/11/90)	Speech	$ 250	
	Bell Helicopter (9/11/90)	Speech	$2,000	

For additional earned income, use next page

Reporting Individual's Name

Bill Green

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Schedule Attached																										

For additional assets and unearned income, use next page

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PARTS II AND III - ASSETS AND "UNEARNED INCOME"

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Mr. Green				
AST Research Inc	E			
Albion Trading	A			
American Express Co	B	Dividend	I	
American Family Corp	C	Dividend	II	
Ametek Inc.	C	Dividend	III	
Applied Magnetics Corp		Cap. Gain	Loss	X
Biogen NV		Cap. Gain	VI	X
Bristol Myers Co		Cap. Gain	IV	X
Computer Factory Inc	C			X
DNA Plant Technology	C			
Diversified Industries	C			
Equifax Inc		Cap. Gain	VI	X
		Dividend	III	
Everex Sys. Inc.	C			X
Glendale Fedl CV Euro 7.75%	C			X
Grow Group Inc.	A			
Guam Airport Rev 8%-04	D	Interest	V	
Hadson Corp	B			
Hallwood Group New	C			
Hanson PLC Sponsored	C	Dividend	III	
Ketema Inc	B			
Life Technologies	D			X
Mark IV Inds. Inc.	C	Dividend	I	
Material Sciences Corp	C			
Merck & Co. Inc.		Cap. Gain	V	X
Mylan Laboratories	D	Dividend	I	X
OHM Corp	C			X
Ontario NY Bans 5.84%-91	E			X
Puerto Rico Cmnwlth 6.75%-06	C	Interest	IV	
Quaker Chemical Corp	C	Dividend	II	X
Quantum Corp	C			X
Rabbit Software Corp	A			
Seagate Technology	D			X
Stone Container Corp	C	Dividend	III	
Sudbury Inc	B			
Teknowledge Inc.	A			
Thames Rico Ltd	D			
Thermo Electron Corp	E			
UDC Universal Dev. L.P.	C	Partnership	III	
Union Carbide Corp		Cap. Gain	Loss	X
		Dividend	II	
Union Electric 10.5%-05	C	Interest	IV	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Mr. Green Continued				
Willamette Industries	D	Interest	IV	
Willcox & Gibbs 7%-14	B	Interest	II	X
Certificates of Deposit		Interest	V	X
Golden Gate Associates IV	A			
Energy Answers Corp - Equity and Loans	H			
SWC Corp	H	Royalty	VIII	
Manufacturers Hanover - Certificate of Deposit	D	Interest	V	
Loan Receivable - Committee for Congressman Green	E			
Receivable from J. Colin Bankruptsy Estate	Unknown			
East River Savings Bank	B	Interest	II	
Shearson Money Market Funds	E	Interest	VI	
Chase Manhattan Bank	D	Interest	IV	
SSS of Allentown Inc	A	Interest	II	
Mrs. Green				
Allergan Inc.	B	Dividend	I	
Beckman Instrs Inc.	B			
Carolina Power & Light	B	Dividend	II	
Enserch Corp		Cap. Gain	II	X
Gentex Corp	B			
IBM Corp	D	Dividend	IV	
NYS Electric & Gas Corp	B	Dividend	III	
Pa. Power & Lt 9%-00	C	Interest	III	
Smithkline Beecham PLC	C	Dividend	III	
Southern Co	C	Dividend	III	
Unilever NV Ord	C	Dividend	III	
Manufacturers Hanover Trust	D	Interest	IV	
Chemical Bank	D	Interest	IV	
Shearson Money Market Funds	E	Interest	V	

Mr. Green is the income beneficiary of a trust created under the will of his father (Louis A. Green). Listed below is the financial disclosure of this trust.

AST Research Inc.	D			
Allergan Inc.		Cap. Gain Dividend	Loss I	X
Altron Inc.	B			

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Trust f/b/o Bill Green u/w/o L.a Green Continued				
American Family Corp	C	Dividend	II	
Ametek Inc.	B	Dividend	II	
Applied Magnetics Corp		Cap. Gain	II	X
Aydin Corp	C			X
J. Baker Inc.	C	Dividend	I	X
Banctexas Group Inc.	A			
Barclays Bank PLC	C	Dividend	III	
Bay View Cap. Corp	C			
Biogen NV		Cap. Gain	VI	X
Bohemia Inc.		Cap. Gain Dividend	Loss II	X
Brit. Airways PLC	C	Dividend	III	
Calfed Inc.	C	Dividend	I	X
Cimflex Teknowledge	A			
Damon Biotech Inc.		Cap. Gain	Loss	X
Dime Savings Bank	B			X
Diversified Industries	C			
Enserch Corp		Cap. Gain Dividend	V II	X
Equifax Inc.		Cap. Gain Dividend	V II	X
Ferrofluidics Par $0.004	B			
First Union Corp		Cap. Gain	Loss	X
Galoob Lewis Toys Inc	C	Cap. Gain Dividend	Loss V	X
Gaylord Container Corp A	C			X
Genrad Inc. 7.25%-11	C	Interest	I	X
Glenfed Inc. Holding	C	Dividend	II	X
Grossmans Inc.	B			
Hallwood Group Inc New	B			
Hadson Corp	B			
Hallwood Group 13.5%-09	C	Interest	IV	
Hanson PLC Sponsored	B	Dividend	II	
Hempstead Town NY 6.125%-05	C	Interest	IV	
Integrated Device Tech.	C			
J L G Industries		Cap. Gain Dividend	V I	X
Ketema Inc.	B			
Lafayette Par. La. 5.2%-90		Cap. Gain Interest	III II	X
Material Sciences Corp	C			
Mesa Ltd. Partnership Pfd	B	Partnership	Loss	
Michigan National Corp	C	Dividend	III	X
Midlantic Banks 8.25%-10	C	Interest	I	X
MAC NY 8.75%-08	C	Interest	III	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Transaction
Trust f/b/o Bill Green u/w/o L.A. Green Continued				
NVR L.P.	A	Cap. Gain	Loss	X
		Partnership	Loss	
New Jersey Stl Corp		Cap. Gain	Loss	X
		Dividend	III	
NYC Rans 6.25%-90		Interest	II	X
NYS 7.5%-90		Interest	IV	X
NYS Energy Resh 9%-15	C	Interest	III	
NYS Energy Resh 9%-15	C	Interest	III	
Norteck Inc. 7.5%-06	B	Interest	IV	
Pfizer Inc.	D			X
Puerto Rico 6.75%-06	D	Interest	IV	
Quantum Corp		Cap. Gain	VI	X
Smithkline Beecham PLC	E	Dividend	IV	
Standard Pacific Ltd Ptr	D	Partnership	V	
Starrett Housing Corp	A			
Stone Container Corp		Cap. Gain	Loss	X
		Dividend	II	
Tecogen Inc.	C			
Tenneco Inc		Cap. Gain	VI	X
		Dividend	III	
Thermo Electron Corp	E			
UDC Universal Dev. L.P.	B	Partnership	III	
Unifi Inc.	D	Dividend	II	X
Union Bank San Fran. Cal.	C	Dividend	IV	
Wellman Inc.		Cap. Gain	V	X
		Dividend	I	
Wheelabrator Tech - New		Cap. Gain	V	X
Willcox & Gibbs 7%-14	C	Interest	IV	X
Shearson Money Market Funds	F	Interest	V	
Golden Gate Assoc III	C	Partnership	II	
Stryker & Brown	D	Partnership	Loss	

Mr. Green has a 50% beneficial interest in the income, and an undetermined interest in the principal, of a residuary trust created under the will of his mother (Evelyn Green Davis). Listed below is the complete financial disclosure of this trust.

American Family Corp	C	Dividends	II	
Ametek Inc.	B	Dividends	II	
Bay View Cap. Corp Del.	B	Dividends	II	
Biogen Inc. $2.125 Pfd		Cap. Gains	V	X
		Dividends	II	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Residuary Trust u/w/o Evelyn Green Davis Continued				
Calfed Inc.	A	Dividends	II	
Comdisco Inc. 9.65%-02	C	Interest	IV	
Crestmont Fed. S&L Spr. NJ	B			
Days Inn Amer. 12.375%-97	B	Interest	IV	
Diversified Industries	B			
EQK Green Acres L.P.	C	Partnership	II	
Enserch Corp	B	Dividends	I	
Uts Equity Inc. Fnd	B	Dividends	I	
Ferrofluidics Par $0.004	B			
Florida Pwr & Lt 8%-99	B	Interest	I	
Geraghty & Miller Inc.	B			
Grossmans Inc.	B			
Harding Assoc Inc.	B			
Ketema Inc.	A			
New Jersey Stl Corp	C	Dividends	II	
NYC Hsg Dev 9.125%-21	B	Interest	I	X
NYS 81S 10%-01	B			X
NYS Dorm Auth 9.5%-10	B			X
Pam Am Airlines 9%-10	B	Interest	III	
Rabbit Software	A			
Ramtek Corp - Old		Cap. Gain	Loss	X
Repligen Corp	C			
Service Corp Intl 10%-00	B	Interest	II	
Starrett Housing Corp	C			
Cimflex Teknowledge	A			
Teletrak Adv Tech Sys	A			
Tesoro Pete 12.75%-01	B	Interest	III	
Thermo Electron Corp	B			
Thousand Trails Inc.	A			
Weston, Roy F. 7%-02	C	Interest	IV	X
Shearson Money Market Funds	B	Interest	III	
1960 Petro Associates	C	Partnership	V	
Jaloc Associates	E	Partnership	II	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PART IV - TRANSACTIONS

ASSET	TYPE OF TRANSACTION	DATE	AMOUNT
Mr. Green			
Applied Magnetics Corp	Sale	5/29/90	C
Biogen NV	Sale	12/10/90	C
Bristol Myers Co	Sale	4/4/90	D
Computer Factory Inc.	Purchase	2/23/90	C
Equifax Inc	Sale	5/29/90	E
Everex Systems Inc.	Purchase	7/5/90	C
Glendale Fedl CV Euro 7.75%	Purchase	5/25/90	C
Life Technologies Inc.	Purchase	3/28/90	C
Merck & Co.	Purchase	4/4/90	D
	Sale	5/29/90	D
Mylan Laboratories Inc.	Purchase	4/4/90	D
OHM Corp	Purchase	12/18/90	C
Ontario NY Bans 5.84%-91	Purchase	2/28/90	E
Quaker Chemical Corp	Purchase	10/10/90	C
Quantum Corp	Purchase	8/20/90	C
Seagate Technology	Purchase	7/17/90	D
Union Carbide Corp	Sale	2/20/90	C
Willcox & Gibbs 7%-14	Purchase	2/21/90	C
Certificates of Deposit	Purchase	1/90-8/90	E
	Sale	11/90-12/90	E
Mrs. Green			
Enserch Corp	Sale	2/21/90	B
Trust f/b/o Bill Green u/w/o L.A. Green			
Allergan Inc.	Sale	2/20/90	B
Applied Magnetics Corp	Sale	5/29/90	C
Aydin Corp	Purchase	8/9/90	C
J. Baker Inc.	Purchase	3/90-10/90	D
Biogen NV	Sale	12/10/90	C
Bohemia Inc.	Sale	11/20/90	C
Calfed Inc.	Purchase	8/13/90	C
Damon Biotech Inc.	Sale	3/15/90	B
Dime Savings Bank NY	Purchase	8/13/90	C
Enserch Corp	Sale	2/20/90	D
Equifax Inc.	Sale	5/29/90	C
First Union Corp	Purchase	9/21/90	C
	Sale	11/12/90	C
Galoob Lewis Toys Inc.	Purchase	3/29/90	D
	Sale	12/10/90	B
Gaylord Container Corp	Purchase	8/2/90	D

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

ASSET	TYPE OF TRANSACTION	DATE	AMOUNT
Trust f/b/o Bill Green u/w/o L.A. Green Continued			
Genrad Inc. 7.25%-11	Purchase	10/4/90	B
Glenfed Inc. Holding	Purchase	8/13/90	C
J L G Industries	Sale	5/31/90	C
Lafayette Par. La. 5.2%-90	Sale	5/1/90	C
Michigan National Corp	Purchase	4/16/90	D
Midlantic Banks 8.25%-10	Purchase	6/18/90	C
NVR L.P.	Sale	12/12/90	A
New Jersey Stl Corp	Sale	11/21/90	C
NYC Rans 6.25%-90	Purchase	6/18/90	E
	Sale	6/29/90	E
NYS 7.5%-90	Sale	3/30/90	D
Pfizer Inc.	Purchase	11/12/90	D
Quantum Corp	Sale	6/11/90	C
Stone Container Corp	Sale	11/20/90	B
Tenneco Inc.	Sale	7/13/90	D
Unifi Inc.	Purchase	3/7/90	D
Wellman Inc.	Purchase	1/30/90	D
	Sale	5/29/90	D
Wheelabrator Tech. - new	Sale	5/21/90	C
Willcox & Gibbs 7%-14	Purchase	2/21/90	D
Residuary Trust u/w/o Evelyn Green Davis			
Biogen Inc. $2.125% Pfd	Purchase	2/1/90	C
	Sale	7/31/90	C
NYC Hsg Dev 9.125%-21	Purchase	10/23/90	B
NYS 818 10%-01	Purchase	10/23/90	B
NYS Dorm Auth 9.5%-10	Purchase	10/23/90	B
Ramtek Corp - Old	Sale	12/31/90	A
Weston, Roy F Inc 7%-02	Purchase	10/12/90	C

Reporting Individual's Name
Bill Green

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Schedule Attached											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Bill Green

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Schedule Attached			

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Bill Green

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	Schedule Attached

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
x Bill Green	May 10, 1991

GPO: 1991 37-080 (m)

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PART VII "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD AND ENTERTAINMENT

Source	Dates	Description
Fairleigh Dickinson University	4/5/90 - 4/9/90	Airfare, meals and lodging for conference in Wroxton, England
American Association for Advancement of Science	4/13/90	Travel, meals and lodging for conference in Washington, DC
Bell Helicopter	8/22/90	Travel, meals and lodging for conference in Dallas, Texas
Parliamentarians for Global Action	11/23/90 - 11/27/90	Travel, meals & lodging for trip to Soviet Union, London, England & Washington, DC for meetings with leaders of above countries.
Parliamentarians for Global Action & Harvard International Law Project	11/30/90 - 12/2/90	Travel, meals and lodging for conference in Cambridge, MA.

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PART VIII - POSITIONS

Position	Name of Organization
Limited Partner	Golden Gate Associates IV
Limited Partner	UDC Universal Development L.P.
Director	Energy Answers Corp.
Director	American Friends of the Rambam Society for Advancement and Development of Medical Science and Research, Inc.
President & Director	SWC Corp
Treasurer & Director	The Green Fund, Inc.
Trustee	Jewish Assn for Services for the Aged
Trustee	Montefiore Medical Center
Trustee	New School for Social Research
Honorary Trustee	Cancer Research Institute
Visiting Committee	Graduate School for Urban Professions - New School for Social Research
Overseer	UJA - Federation of Jewish Philanthropies of New York
Member	Advisory Committee - NYU Graduate School of Public Administration
Member	Advisory Committee - Kennedy School of Government - Harvard University
National Trustee	National Conference of Christians & Jews

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Frank J. Guarini

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	—	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Trust Company of New Jersey Bancorporation Stock					X					X										X						
	State of Israel Bond		X															X									
	Phillips Petroleum Corp. Stock			X							X								X								
	Canada Southern Petroleum Stock		X															X									
	Arnet, Inc. Stock		X															X									
	Mark IV Industries Stock			X														X									
	CFAC Credit Union Stock	X																X									
	Nickling Resources Stock		X															X									
	National Data Communications Stock		X															X									
	Radiation Service Assoc. Stock		X															X									
	Golden City Bank Stock				X													X									
	US Asia Magazine Stock			X														X									

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 JUN 17 AM 10:43
U.S. HOUSE [illegible]

Frank J. Guarini
(Full Name)

Journal Square Plaza
(Mailing Address)
Jersey City, New Jersey 07306

Filer Status	☒ Member of the U.S. House of Representatives State: New Jersey District: 14	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15) *	☐ Amendment	☐ Termination Termination Date:

HAND DELIVERED
MC
⑨
(Office Use Only)

In all sections, please type or print clearly in black ink. *Extension granted until June 15, 1991

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honorarda, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Smokeless Tobacco Council (March 28, 1990)	Honorarium	$1,000	
	Committee Against Regressive Taxation (April 3, 1990)	Honorarium	$2,000	
	Edison Electric Institute (June 13, 1990)	Honorarium	$250	
	American Society of Association Executives (June 14, 1990)	Honorarium	$4,000	
	Provident Mutual Life Insurance (June 12, 1990)	Honorarium	$2,000	
	Securities Industry Association (May 17, 1990)	Honorarium	$2,000	

For additional earned income, use next page

Reporting Individual's Name
Frank J. Guarini

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	UJB Commercial Trust Accounts							X					X							X							
	Trust Company of New Jersey Accounts					X							X									X					
	SEP - Growth Fund of America		X								X								X								
	SEP - Merrill Lynch Retirement Fund		X								X								X								
	IRA - Putnam Inter Growth Fund			X							X									X							X
	IRA - Merrill Lynch Retirement Fund		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Frank J. Guarini

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)																										
	Putnam Inter Growth Fund			X							X									X							
	Port Authority NY & NJ Bonds				X								X					X									X
	City Savings Bank, Bedminster, NJ CD				X								X									X					
	PIMA Fed. S&L Ass'n., Tucson, Ariz. CD				X								X									X					
	Society for Savings, Hartford, Ct. CD				X								X								X						
	First Federal S & L Association of Rochester CD				X								X									X					
	Great Western Bank, Beverly Hills, Cal. CD				X								X									X					
	Glendale Federal Bank, Glendale, Cal. CD				X								X									X					
	American Savings Bank, Irving, Cal. CD				X								X									X					
	Citibank, Nevada CD				X								X								X						
	First Federal of Michigan CD				X								X								X						
	Texas National Bank CD			X									X							X							
	Merrill Lynch CMA Govt. Fund		X								X											X					
	Columbia S & L Ass'n., Denver CD	X											X								X						
	First Network Savings Bank, Cal. CD	X											X									X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Frank J. Guarini

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Home Owners Federal S & L, Boston CD	X											X									X					
	Columbia S & L Ass'n., Beverly Hills, Cal. CD	X											X									X					
	Loan Peter G. Mangin			X														X									
	Loan Ron Bisaccia			X														X									
	Loan Jesse Canning		X															X									
	Condominium - St. Johns Apt's., Jersey City, N.J.				X													X									
	Condominium - Harmon Cove, Secaucus, N.J.					X												X									
	Cooperative Apt. - New York City						X											X									
	One family house - Netherland, Antilles						X					X											X				
	Land - Undeveloped 6 acres on Grand & Pacific Streets, Jersey City, NJ								X									X									
	Lawyers Guild Realty Stock							X			X														X		
	590 Newark Ave. Corp. Stock							X			X		X												X		
	Hanover Realty & Mortgage Co. Stock					X					X											X					
	116 Newark Ave. Corp. Stock							X										X									
	F.J.G. Investment Company Stock					X												X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Frank J. Guarini

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	600 Newark Avenue Corp. Stock					X					X										X						
	Great Notch Development Corp. Stock					X												X									
	Cedars Industrial Park, Joint Venture owning 93 acres of undeveloped land in North Bergen & Secaucus, N.J.								X				X						X								
	Henry Energy Corporation Stock	X																X									
	Journal Square Plaza Associates owning office building at Journal Square Plaza, Jersey City, N.J.							X										X									
	Casselberry Fernpark Assoc., Ltd. Partnership owning real estate in Seminole County, Florida					X												X									
	Golden Associates, Ltd. Partnership, owning real estate in Orange County Florida					X												X									
	Goldenrod Associates, Ltd. Partnership, owning real estate in Orange County Florida					X												X									
	Condominium Time Sharing - Casa Del Sol		X															X									
	Condominium Time Sharing - Playa Linda Beach		X															X									
	Condominium Time Sharing - Harbourtown		X															X									
	Boulevard Parking Associates - Parking lot Journal Square, Jersey City, NJ						X						X				Partnership Income								X		
	PGM Associates owning office building @ Journal Square, Jersey City, NJ								X				X								X						
	Classic Mining Corp. Stock		X															X									
	Wilshire Oil Co. of Texas Stock				X													X									

Reporting Individual's Name
Frank J. Guarini

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Putnam Inter Growth Fund	X			Monthly	X						
	Port Authority NY & NJ Bonds	X			10-16-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	National Community Bank	Mortgage on Condo - Harmon Cove, Secaucus, NJ		X					
	Trust Company of New Jersey	Mortgage on Condo - St. Johns Apts. Jersey City, NJ			X				

Reporting Individual's Name
Frank J. Guarini

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Frank J. Guarini

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Christ Hospital, Jersey City, New Jersey

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
✓ Frank Guarini

DATE (Month, Day, Year)
✓ June 13, '91.

GPO: 1991 37-590 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
91 MAY 15 AM 11:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Steven Craig Gunderson
(Full Name)

2235 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: WI District: 03	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

MC (Office Use Only) 9

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
Milk Industry Foundation-Internat'l Ice Cream Assn. (1/19/90)		Honorarium	$2,000.00	
American Medical Association (1/20/90)		Honorarium	1,000.00	
National Cattlemen's Association (1/29/90)		Honorarium	1,000.00	
U.S. Chamber of Commerce (3/15/90)		Honorarium	500.00	
Mid-America Dairymen, Inc. (3/19/90)		Honorarium	2,000.00	
National Association of Broadcasters (4/2/90)		Honorarium	2,000.00	
American Butter Institute-National Cheese Institute (4/5/90)		Honorarium	500.00	
Smokeless Tobacco Council, Inc. (5/17/90)		Honorarium	1,000.00	
Higher Education Assistance Foundation (6/4/90)		Honorarium	1,000.00	
National Retail Federation (6/12/90)		Honorarium	1,000.00	

For additional earned income, use next page

Reporting Individual's Name
Steven Craig Gunderson

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Philip Morris Management Corp. (6/27/90)	Honorarium	$1,000.00	
Associated Builders & Contractors, Inc. (7/9/90)	Honorarium	1,000.00	
The Upjohn Company (7/23/90)	Honorarium	2,000.00	
Labor Policy Association, Inc. (9/6/90)	Honorarium	2,000.00	
Chicago Board of Trade (11/12/90)	Honorarium	750.00	
Chicago Mercantile Exchange (11/12/90)	Honorarium	750.00	
National Association of Manufacturers (12/4/90)	Honorarium	500.00	
Texas Cattle Feeders Association (12/11/90)	Honorarium	1,500.00	
ConAgra, Inc. (12/12/90)	Honorarium	2,000.00	

Reporting Individual's Name
Steven Craig Gunderson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
				Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Route 2, Osseo, WI			X								X							X								
			1650 Kirby, McLean, VA ~~(1/3 ownership — personal residence)~~					X												X									
			1850 Mass. Avenue, McLean, VA						X											X									X
			Congressional Federal Credit Union	X											X					X									
			Pigeon Falls State Bank		X										X					X									
			John O. Melby Bank (IRA)		X										X					X									

For additional assets and unearned income, use next page

Part VII -- "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment

Milk Industry Foundation-International Ice Cream Association (Speech/congressional panel)	1/18-19/90	Air Travel from Washington, D.C. to Palm Beach; 1 day lodging, meal
American Medical Assn. (Speech/roundtable seminar)	1/19-21/90	Air Travel from Miami to Washington, rental car, 3 day's lodging, meals
National Cattlemen's Assn. (Speech/annual convention)	1/28-29/90	Air Travel from La Crosse, WI, to Nashville, to Washington, D.C., 1 day lodging, meals
The Congressional Institute, Inc. (Fact-finding participation in 1991 Institute program)	2/22-24/90	Ground Transportation, meals, 2 day's lodging
Mid-America Dairymen, Inc. (Speech)	3/19/90	Air Travel from Minneapolis, MN to St. Louis to Washington, D.C.
National Association of Broadcasters (Speech/NAB's annual convention)	4/1-2/90	Air Travel from Washington, D.C. to Atlanta, to Washington, D.C., 1 day lodging, meal
The Upjohn Company (Speech/fact-finding with Upjohn executives)	7/23/90	Air Travel from Washington, D.C. to Kalamazoo, MI, to Washington, D.C., meal
National Association of Manufacturers (Speech/NAM/WMC congressional dialogue)	8/23-24/90	1 day lodging, meal
Agri-Mark Milk Cooperative (Speech/Agri-Mark Milk Cooperative)	9/6-7/90	Air Travel from Washington, D.C. to Hartford, CN to Washington, D.C., 1 day lodging, meal

Chicago Board of Trade the City of Chicago (Fact-finding/Board of Trade exchange)	11/12/90	Air Travel from of Washington, D.C. to Chicago, IL, to Washington, D.C., meal
National Association of Manufacturers (Speech/CUE-NAM Resource executives)	12/4/90	Air Travel from Washington, D.C. to New Orleans, LA, to Minneapolis, MN, meal
Texas Cattle Feeders Assn. (Fact-finding/Amarillo & Hereford area feeders)	12/10-11/90	Air Travel from Washington, D.C. to Dallas, to Amarillo, Texas, 1 day lodging, meal
ConAgra, Inc. (Speech/ConAgra executives)	12/11-12/90	Air Travel from Amarillo, TX to Omaha, NE, to Washington, D.C., 1 day lodging, meal

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Steven Craig Gunderson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	1854 Mass. Avenue, McLean, VA					X												X									X

Reporting Individual's Name
Steven Craig Gunderson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	1/2 Ownership. 1850 Massachusetts Avenue, McLean, VA -- Purchased land & constructed house	X			4/12/90				X			
	1/6 Ownership. Architectual Securities, 1854 Massachusetts Avenue, McLean, Virginia -- Purchased and renovation of house	X			4/12/90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Pigeon Falls State Bank	Personal loan		X					
	Union Bank of Blair	Personal loan		X					
	Jackson County Bank	Personal loan	X						
	Madison National Bank	1/2 Mortgage on 1650 Kirby, McLean				X			
	First Savings Bank	1/2 Mortgage on 1850 Mass. Ave., McLean				X			
	Trust Bank	1/6 Mortgage on 1854 Mass. Ave., McLean			X				

Reporting Individual's Name
Steven Craig Gunderson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
PLEASE SEE ATTACHMENT				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Steven Craig Gunderson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Gallaudet University (by appointment of the Speaker of the House of Representativ
Director	Ackley Scholarship Foundation, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	None	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☒	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) May 9, 1991

GPO: 1981 57-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

JUN -7 [illegible] 11:40
U.S. H[illegible] [illegible]NTATIVES

HAND DELIVERED
✓ MC (9)
(Office Use Only)

Steven Craig Gunderson (Full Name)

2335 Rayburn House Office Building
Washington, D.C. 20515 (Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: WI District: 03	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Milk Industry Foundation-Internat'l Ice Cream Assn. (1/19/90)	Honorarium	$2,000.00	
	American Medical Association (1/20/90)	Honorarium	1,000.00	
	National Cattlemen's Association (1/29/90)	Honorarium	1,000.00	
	U.S. Chamber of Commerce (3/15/90)	Honorarium	500.00	
	Mid-America Dairymen, Inc. (3/19/90)	Honorarium	2,000.00	
	National Association of Broadcasters (4/2/90)	Honorarium	2,000.00	
	American Butter Institute-National Cheese Institute (4/5/90)	Honorarium	500.00	
	Smokeless Tobacco Council, Inc. (5/17/90)	Honorarium	1,000.00	
	Higher Education Assistance Foundation (6/4/90)	Honorarium	1,000.00	
	National Retail Federation (6/12/90)	Honorarium	1,000.00	

For additional earned income, use next page

Part VII -- "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment

Milk Industry Foundation-International Ice Cream Association (Speech/congressional panel)	1/18-19/90	Air Travel from Washington, D.C. to Palm Beach; 1 day lodging, meal
American Medical Assn. (Speech/roundtable seminar)	1/19-21/90	Air Travel from Miami to Washington, rental car, 3 day's lodging, meals
National Cattlemen's Assn. (Speech/annual convention)	1/28-29/90	Air Travel from La Crosse, WI, to Nashville, to Washington, D.C., 1 day lodging, meals
The Congressional Institute, Inc. (Fact-finding participation in 1991 Institute program)	2/22-24/90	Ground Transportation, meals, 2 day's lodging
Mid-America Dairymen, Inc. (Speech)	3/19/90	Air Travel from Minneapolis, MN to St. Louis to Washington, D.C.
National Association of Broadcasters (Speech/NAB's annual convention)	4/1-2/90	Air Travel from Washington, D.C. to Atlanta, to Washington, D.C., 1 day lodging, meal
The Upjohn Company (Speech/fact-finding with Upjohn executives)	7/23/90	Air Travel from Washington, D.C. to Kalamazoo, MI, to Washington, D.C., meal
National Association of Manufacturers (Speech/NAM/WMC congressional dialogue)	8/23-24/90	1 day lodging, meal
Agri-Mark Milk Cooperative (Speech/Agri-Mark Milk Cooperative)	9/6-7/90	Air Travel from Washington, D.C. to Hartford, CN to Washington, D.C., 1 day lodging, meal

Chicago Board of Trade the City of Chicago (Fact-finding/Board of Trade exchange)	11/12/90	Air Travel from of Washington, D.C. to Chicago, IL, to Washington, D.C., meal
National Association of Manufacturers (Speech/CUE-NAM Resource executives)	12/4/90	Air Travel from Washington, D.C. to New Orleans, LA, to Minneapolis, MN, meal
Texas Cattle Feeders Assn. (Fact-finding/Amarillo & Hereford area feeders)	12/10-11/90	Air Travel from Washington, D.C. to Dallas, to Amarillo, Texas, 1 day lodging, meal
ConAgra, Inc. (Speech/ConAgra executives)	12/11-12/90	Air Travel from Amarillo, TX to Omaha, NE, to Washington, D.C., 1 day lodging, meal

Reporting Individual's Name
Steven Craig Gunderson

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Philip Morris Management Corp. (6/27/90)	Honorarium	$1,000.00	
Associated Builders & Contractors, Inc. (7/9/90)	Honorarium	1,000.00	
The Upjohn Company (7/23/90)	Honorarium	2,000.00	
Labor Policy Association, Inc. (9/6/90)	Honorarium	2,000.00	
National Restaurant Association (9/25/90)	Honorarium	1,000.00	
Chicago Board of Trade (11/12/90)	Honorarium	750.00	
Chicago Mercantile Exchange (11/12/90)	Honorarium	750.00	
National Association of Manufacturers (12/4/90)	Honorarium	500.00	
Texas Cattle Feeders Association (12/11/90)	Honorarium	1,500.00	
ConAgra, Inc. (12/12/90)	Honorarium	2,000.00	

Reporting Individual's Name
Steven Craig Gunderson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Route 2, Osseo, WI			X								X							X								
	1650 Kirby, McLean, VA (1/3 ownership -- personal residence)					X												X									
	1850 Mass. Avenue, McLean, VA						X											X									X
	Congressional Federal Credit Union	X											X					X									
	Pigeon Falls State Bank		X										X					X									
	John O. Melby Bank (IRA)		X										X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Steven Craig Gunderson

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
1854 Mass. Avenue, McLean, VA					X												X									X

Reporting Individual's Name
Steven Craig Gunderson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	1/2 Ownership. 1850 Massachusetts Avenue, McLean, VA -- Purchased land & constructed house	X			4/12/90				X			
	1/6 Ownership. Architectual Securities, 1854 Massachusetts Avenue, McLean, Virginia -- Purchased and renovation of house	X			4/12/90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Pigeon Falls State Bank	Personal loan		X					
	Union Bank of Blair	Personal loan		X					
	Jackson County Bank	Personal loan	X						
	Madison National Bank	1/2 Mortgage on 1650 Kirby, McLean				X			
	First Savings Bank	1/2 Mortgage on 1850 Mass. Ave., McLean				X			
	Trust Bank	1/6 Mortgage on 1854 Mass. Ave., McLean			X				

Reporting Individual's Name
Steven Craig Cunderson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
PLEASE SEE ATTACHMENT			

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Steven Craig Gunderson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Gallaudet University (by appointment of the Speaker of the House of Representatives)
Director	Ackley Scholarship Foundation, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	None	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Steve Gunderson	**DATE (Month, Day, Year)** June 4, 1991

GPO: 1991 37-088 (ae)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 PM 12:52
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Ralph M. Hall
(Full Name)

2236 Rayburn Building
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Texas District: 4th	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Me (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bank of Crowley, Crowley, Texas	Director Fee	1,800	
	Lakeside National Bank, Rockwall, Texas	Director Fee	2,200	

For additional earned income, use next page

Reporting Individual's Name

Ralph M. Hall

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Securities:																										
		Crowley Holding Company Crowley, Tx			X																							
		Lakeside National Bank, Rockwall, Tx.			X							X								X								
		Lakeside Bancshares, Rockwall, Tx.						X																				
		North & East Trading, Rockwall, Tx.		X																								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name

Ralph M. Hall

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Real Estate:																										
	Airport Hanger, Rockwall, Tx.			X																							
	163 Acres, Wood County, Tx.					X																					
	321 Acres, Hunt County, Tx.						X					X									X						
	200 Acres, Hunt County, Tx.					X																					
	15 Acres, Henderson County, Tx.			X																							
	5 Acres, Rockwall County, Tx.						X																				
	Townhouse, Washington, DC					X																					
	Office Building, Rockwall County, Tx.					X						X										X					
	3 Lots Rockwall County, Tx.					X																					
	Law Office Building, Rockwall County, Tx.					X						X		X											X		X
	1/2 52 Acres, Wood County, Tx. ...			X																							
	Continued																										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Rep.
Ralph M. Hall

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset Category of Value (X)									BLOCK C Income Type of Income (X)							Category of Amount of Income (X)									BLOCK D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Partnership Interest:																										
	General Equity Fund 10, Longview, Tx.			X									X	X								X					
	H&H Properties	X																									
	Notes Receivable:																										
	Kenneth Maroney, Rockwall, Tx.		X										X						X								
	J. Blakeley Hall, Rockwall, Tx.			X																							
	R. Hampton Hall, Rockwall, Tx.				X																						
	Brett A. Hall, Rockwall, Tx.			X																							
	Lakeside Bancshares, Inc.				X								X									X					
	Hall Law Office Partnership			X																							
	Brett, Blakeley, and R. Hampton Hall				X																						
	Oil Interest:																										
	Caddo Parish, La.	X																									
	State of Texas																Retirement						X				

Reporting Individual's Name

Ralph M. Hall

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Law Office Building, Rockwall County, Tx.		X		9-28-90				X			

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank of Crowley, Crowley, Tx.	Business Borrowings			X				
	Lakeside National Bank, Rockwall, Tx.	Business Borrowings				X			
	Community Bank (FDIC), Rockwall, Tx.	Business Borrowings		X					
	Citizens State Bank, Royce City, Tx.	Business Borrowings	X						
	First National Bank (FDIC), Garland, Tx.	Business Borrowings		X					

Continued

Reporting Individual's Name

Ralph M. Hall

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Citizens State Bank, Royce City, Tx.	Business Borrowings			X				
	First National Bank (FDIC), Garland, Tx.	Lakeside Bancshares stock				X			
	First National Bank (FDIC), Rowlett, Tx.	Lakeside National Bank-stock	X						
	State Bank of Caddo Mills, Caddo Mills, Tx.	Lakeside Bancshares stock		X					
	NCNB (FDIC), Garland, Tx.	321 Acres Hunt County, Tx.				X			

Continued

Reporting Individual's Name

Ralph M. Hall

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Union Security Life, Greenville, Tx.	Mortgage on 200 Acres Hunt County, 163 Acres Wood County & Office Bld.						X	
	National Permanent Federal, Washington, DC	Mortgage on Townhouse			X				
	Lakeside National Bank, Rockwall, Tx.	Mortgage Henderson County, Tx.		X					
	Independent Bank (FDIC), Rockwall, Tx.	Mortgage 3 Lots Rockwall County, Tx.				X			
	Francie Oliver, Austin, TX	Lakeside Bancshares stock		X					

Continued

Reporting Individual's Name

Ralph M. Hall

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Mayre Springer, Wills Point, Tx.	Lakeside Bancshares stock		X					
	Loretta Myers, Rockwall, Tx.	Lakeside Bancshares stock				X			

Reporting Individual's Name

Ralph M. Hall

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	Texas Medical Association	Sep 14, 90	Roundtrip Air from DFW to Austin; Food & Lodging,Spouse and Self Speech to TMA Convention	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Ralph M. Hall

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chairman of Board & Director	Bank of Crowley, Crowley, Tx.
Chairman of Board & Director	Crowley Holding Company, Crowley, Tx.
Chairman of Board & Director	Lakeside National Bank, Rockwall, Tx.
Chairman of Board & Director	Lakeside Bancshares, Inc. , Rockwall, Tx.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 16.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ralph M. Hall

DATE (Month, Day, Year): 6-15-91

GPO: 1991 27-690 (ar)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 13 PM 12: 24
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Tony P. Hall
(Full Name)

2560 North 23rd Road
Arlington, VA 22207
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Ohio District: 3rd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 19

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Fellowship Foundation, Arlington, VA	Spouse Salary	NA	
	Halls Hand Laundry, Dayton, Ohio	Spouse Salary	NA	
	Northrop Corporation, Los Angeles CA (Jan.8, 1990)	Speech	$2,000.	
	Rockwell International, Los Angeles, CA (Jan. 10, 1990)	Speech	$1,000.	
	Cigna Corp., Wash.DC (Jan.25, 1990)	Speech	$500.	
	Los Angeles Times, Wash.DC (Jan. 3, 1990)	Article	$250.	
	American Medical Assoc., Naples, FLA (Mar. 15, 1990)	Speech	$1,000.	
	American Trucking Assoc., Inc. Wash.DC (Apr. 18, 1990)	Speech	$1,000.	
	Chicago Mercantile Exchange, Chicago, Ill. (Apr. 20, 1990)	Speech	$1,500.	
	Board of Trade, Chicago, Ill. (Apr. 20, 1990)	Speech	$1,500.	

For additional earned income, use next page

Reporting Individual's Name
Tony P. Hall

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Distilled Spirits Council, Wash.DC (May 1, 1990)	Speech	$2,000.	
Waste Management, Inc., Chicago, Ill. (May 7, 1990)	Speech	$2,000.	
Ohio Bell Telephone Company, Dayton, Ohio (May 11, 1990)	Speech	$1,000.	
The Connell Company, Newark, NJ (May 18, 1990)	Speech	$2,000.	
American Council of Life Insurance, Wash.DC(May 23, 1990)	Speech	$1,000.	
Sinclair Community College, Dayton,OH (June 10,1990)	Speech	$500.	XX
The Tobacco Institute, Wash.DC (June 19, 1990)	Speech	$2,000.	XX
Grocery Manufacturers of America, Wash.DC(June 21,1990)	Speech	$1,000.	
Camp,Marsh,Bates&Tate, Wash.DC (June 26, 1990)	Speech	$2,000.	
Bell South Corp., Wash.DC (Nov.8, 1990)	Speech	$2,000.	
Shaw, Pittman & Potts, Wash.DC (Nov. 9, 1990)	Speech	$500.	
Van Kloberg & Assoc., Wash.DC (Nov. 20, 1990)	Speech	$1,000.	
Van Kloberg & Assoc., Wash.DC (Dec.21, 1990)	Speech	$1,000.	

Reporting Individual's Name
Tony P. Hall

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Halls Hand Laundry(1/3 interest)				X						X									X							
JT	R.O. Assoc.(1.98% limited partnership)		X														(loss)	X									
JT	Signet Bank, Arl. Va.		X										X						X								
JT	Cong. Fed. Credit Union		X										X					X									
D	Jyl and Matthew Hall;Clifford Trust set up by Tony P. and Janet Hall-Dayton,OH		X										X						X								
D	Perpetual Amer. Bk., Arl.VA (acct. for minor children, Jyl & Matthew Hall		X										X						X								

For additional assets and unearned income, use next page

(continue-next sheet)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Tony P. Hall

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
D	E.F. Hutton Acct.- Jyl & Matthew Hall (100 shrs. Wendy's , 20 shrs. Mattel, 10 shrs.Techniclone, Int'l.)		X								X						loss	X									

ONE HUNDRED FIRST CONGRESS
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VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
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CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

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RALPH L. LOTKIN, CHIEF COUNSEL

February 8, 1990

The Honorable Tony P. Hall
U.S. States House of Representatives
2448 Rayburn House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of January 25, 1990, requesting an advisory opinion from the Committee with respect to a trip your wife is planning to take with several other congressional wives to Uganda from February 10-18, 1990, at the request of Mrs. Janet Museveni, the wife of Ugandan President Yoweri Museveni. The invitation, a copy of which you enclosed with your letter, indicates that the purpose of this visit is for the group to see firsthand the orphan problems of that country and then to assist the Fellowship Foundation and World Vision in trying to ease conditions for these children by their testimony in this country. The invitation further indicates that all expenses for this trip would be jointly paid by the Fellowship Foundation and World Vision, both nonprofit organizations.

It is the responsibility of a traveling Member, employee, or spouse to determine whether the sponsor of a trip of this kind is a foreign government or agent thereof, or acting on behalf of a foreign government. The invitation indicates that the sponsors of this trip, Fellowship Foundation and World Vision, are nonprofit organizations. Therefore, for purposes of this advisory opinion letter, your wife's travel expenses are deemed not to be subject to the Foreign Gifts and Decorations Act (5 U.S.C. §7342).

The applicable House rule is Rule XLIII, clause 4, which, effective January 1, 1990, provides that a Member, officer, or employee of the House shall not accept in any calendar year gifts aggregating more than "minimal value," directly or indirectly, from any source other than a relative. In Advisory Opinion No. 9, the Select Committee on Ethics of the 95th Congress determined that gifts to a spouse or dependent of a Member are considered indirect gifts to the Member, unless such gift is prompted by some consideration unrelated to the recipient's relationship to the Member.

This Committee has recognized an exception to the gift rule for individuals who "substantially participate" in an event. The Select Committee on Ethics of the 95th Congress, in Advisory Opinion No. 2, stated that:

> . . . necessary expenses should not be considered to be a "gift" to a participating individual who renders personal services sufficient to constitute "equal consideration" for the expenses provided by the sponsoring organization.

The opinion goes on to point out that:

> . . . the services rendered must be more than perfunctory in nature to constitute equal consideration for the expenses involved. For example, addressing an audience at an event or engaging in discussion seminars would be considered substantial participation sufficient to constitute "equal consideration," while simply visiting a specific site or location as part of a "fact-finding tour" would probably not be viewed as "equal consideration" for expenses paid by a sponsoring organization.

Thus, if you determine that this trip is being offered to your wife totally independent of her relationship with you, or if your wife is performing services for the sponsors of the trip which constitute equal consideration for the travel provided, then acceptance of necessary expenses would not be deemed a gift for the purposes of House Rule XLIII, clause 4.

Section 805(a)(1) of the Ethics Reform Act of 1989 sets a ceiling on the expenses which will normally be deemed necessary for privately paid travel. In the case of foreign travel, a maximum of seven consecutive days (excluding travel days) may be accepted without prior written approval from the Committee. Your wife's proposed travel appears consistent with this limit.

Any such expenses incurred by your wife for travel which is not totally independent of her relationship with you, and which aggregate $250 or more in value from a single source, must be disclosed as "reimbursements" on the Financial Disclosure

The Honorable Tony P. Hall
February 8, 1990
Page 3

Statement you file pursuant to the Ethics in Government Act of 1978. The Ethics Reform Act requires reporting not only the identity of the source of the travel but also a brief description, including a travel itinerary, dates, and nature of expenses provided.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

John T Myers

John T. Myers
Ranking Minority Member

JS:lrs

TONY P. HALL
THIRD DISTRICT, OHIO

COMMITTEES
HOUSE COMMITTEE ON RULES
SUBCOMMITTEE ON RULES OF
THE HOUSE

CHAIRMAN
SELECT COMMITTEE ON HUNGER

Congress of the United States
House of Representatives
Washington, DC 20515

2448 Rayburn House Office Building
Washington DC 20515
(202) 225-6465

District Office
501 Federal Building
200 West Second Street
Dayton OH 45402
(513) 225-2843

March 1, 1990

Hon. Julian C. Dixon
Chairman
Committee On Standards Of Official
Conduct
HT2 Capitol Building
Washington, D.C. 20515

Dear Mr. Chairman:

I am filing the attached "Form For Disclosing Gifts From Foreign Governments" with the Committee in follow up to a trip that my wife Janet took to Uganda.

As you will note from the report, during that trip, the government of Uganda provided food and hotel services to my wife and others in the group. In accord with 5 USC 7342(C)(1), such food and lodging is permissible and I am filing with your committee the form for disclosure thereof.

If you have any questions, please feel free to call upon me.

Thank you for your assistance in this regard.

Sincerely,

Tony P. Hall
Member of Congress

TPH:gml

Enclosure

*** COPY ***

U.S. HOUSE OF REPRESENTATIVES

Form For Disclosing Gifts From Foreign Governments Pursuant To 5 U.S.C. 7342

I. NAME: Janet Hall II. POSITION: wife of Congressman Tony P. Hall

III. RECIPIENT (If other than reporting person):

IV. DESCRIPTION:

(1) Tangible gift(s) of more than minimal value.

(2) Decoration(s) of more than minimal intrinsic value.

(3) Travel provided by a Foreign Government. Hotel room and food provided by the government of Uganda, for a period of 4 days. Estimate hotel costs of approximate $150 per day and food approximately $20 per day.

(4) Expenses for travel provided or reimbursed by a Foreign Government.

V. CIRCUMSTANCES JUSTIFYING ACCEPTANCE: Visiting Uganda, at the request and as a guest of Mrs. Janet Museveni, wife of Ugandan President Yoweri Museveni. Acceptance of expenses outside of the United States is authorized by 5 USC 7342(C)(1).

VI. DATE OR DATES OF ACCEPTANCE (for travel give inclusive dates travel occurred): February 13 thru February 16, 1990.

VII. DONOR GOVERNMENT (if items are received from more than one Foreign Government, use additional forms: Uganda

(1) Name and Position of individual who presented item: President and Mrs. Yoweri Museveni.

VIII. FOR TANGIBLE GIFTS OR DECORATIONS OF MORE THAN MINIMAL VALUE ONLY:

(1) Estimated value in United States at time of acceptance:

(2) Disposition or current location of accepted item(s).

Janet Hall
Signature

February 27, 1990
Date of this report

Reporting Individual's Name
Tony P. Hall

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Identification of Assets		Type of Transaction (X) Purchased	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example	ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Creditor		Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Tony P. Hall

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Hussain M. Ershad, Dhaka, Bangladesh	Painting	$177.09

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Electronics Industries Assoc., Wash. DC	Jan.8-11,'90	Roundtrip Air from Wash.DC to Los Angles, 3 days food & Lodging.	
Spouse-International Foundation, Washington, D.C.	Feb.10-18, 1990	Roundtrip Airfare Wash.DC to Entebbe, Uganda, 3 days food & lodging for Janet Hall-see attached ltr.2/8/90 & disclosure 5USC7342(c)(1)	
American Medical Assoc. Wash.DC	Mar.15-18, 1990	Roundtrip Airfare Wash.DC to Naples, FLA, 3 days food & lodging.	
Chicago Mercantile Exchange, Chicago, Ill.	Apr. 20, 1990	Roundtrip Airfare Wash.DC to Chicago, Ill. lunch provided.	
City of Gross Point, MI Prayer Breakfast	May 3-4, 1990	Roundtrip Airfare Wash.DC to Detroit,MI., 1 day lodging and food.	

(Part VII continued on separate sheet)

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII (Continued from A-4)
"Reimbursements" and gifts of transportation, lodging, food, entertainment.

SOURCE	DATES	DESCRIPTION
Waste Management, Inc, Chicago, ILL.	May 7, 1990	Roundtrip Airfare from Wash. DC to Chicago & lunch
The Connell Company, Newark, NJ.	May 18, 1990	Roundtrip Airfare from Wash.DC to Newark, NJ & lunch
International Foundation, Wash.DC	Nov.26-Dec. 6, 1990	Roundtrip Airfare from Miami, FLA. to Wash. DC with stops in Cuba, Cayman Isl., Belize, Aruba, Venezula, Greneda, St.Lucia, Dominicia, Santa Domingo & Puerto Rico. 8 days food and lodging (see attached inquiry to and advisory letter from Committee on Standards of Official Conduct dtd. 11/15/90 regarding trip).

Reporting Individual's Name
Tony P. Hall

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Limited Partnership (1.98% interest)	R.O. Associates - K-Mart Store

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Tony P. Hall

DATE (Month, Day, Year) Aug 9, 1991

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON CALIFORNIA CHAIRMAN
VIC FAZIO CALIFORNIA
BERNARD J. DWYER NEW JERSEY
ALAN B. MOLLOHAN WEST VIRGINIA
JOSEPH M. GAYDOS PENNSYLVANIA
CHESTER G. ATKINS MASSACHUSETTS
(202) 225-7103

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

JOHN T MYERS INDIANA
JAMES V HANSEN UTAH
CHARLES PASHAYAN JR CALIFORNIA
THOMAS E PETRI WISCONSIN
LARRY E CRAIG IDAHO
FRED GRANDY IOWA
RALPH L. LOTKIN CHIEF COUNSEL

November 15, 1990

The Honorable Tony P. Hall
U.S. House of Representatives
2162 Rayburn House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of November 15, 1990, requesting advice from this Committee regarding the propriety of your acceptance of an invitation from the International Foundation, a nonprofit organization, to travel with representatives of the U.S. National Leadership Prayer Groups, of the U.S. Senate and House of Representatives, to ten countries in the Caribbean and Central and South America from November 26 to December 6, 1990. You included with your letter a copy of the itinerary for this trip.

You explain that you will travel personally to Miami, Florida, where you will join the group on November 26 for the departure to Havana, Cuba. You will further pay your own hotel accommodations and expenses for the day of November 30 in Aruba. On December 3, you will be accepting the personal hospitality of the Honorable James A. Patterson, and staying with him and his family in their personal residence in St George's, Grenada.

It is the responsibility of the traveling Member or employee to determine whether the sponsor of a trip of this kind is a foreign government or agent thereof, or acting on behalf of a foreign government. You indicate in your letter that the International Foundation is a nonprofit organization. Therefore, for purposes of this advisory opinion, your travel expenses are deemed not to be subject to the Foreign Gifts and Decorations Act (5 U.S.C. § 7342).

The applicable rule is House Rule XLIII, clause 4, which, effective January 1, 1990, provides that a Member, officer, or employee of the House shall not accept in any calendar year gifts aggregating more than "minimal value," directly or indirectly, from any source other than a relative. This Committee has recognized an exception to the gift rule for Members, officers, and employees who "substantially participate" in an event. The Select Committee on Ethics of the 95th Congress, in Advisory Opinion No. 2, stated that:

> . . . necessary expenses should not be considered to be a "gift" to a participating individual who renders personal services sufficient to constitute "equal consideration" for the expenses provided by the sponsoring organization.

The opinion goes on to point out that:

> . . . the services rendered must be more than perfunctory in nature to constitute equal consideration for the expenses involved. For example, addressing an audience at an event or engaging in discussion seminars would be considered substantial participation sufficient to constitute "equal consideration," while simply visiting a specific site or location as part of a "fact-finding tour" would probably not be viewed as "equal consideration" for expenses paid by a sponsoring organization.

Your activities, as described in your letter and the enclosure, clearly can be regarded as substantial participation, justifying your acceptance of necessary expenses from the sponsor.

For the purposes of House Rule XLIII, clause 4, personal hospitality is hospitality for a non-business purpose, provided by an individual on that individual's property. See Ethics Manual for Members, Officers, and Employees of the U.S. House of Representatives, at 15-16. The lodging provided to you by your friend in Grenada appears consistent with this definition, and is acceptable under the rule.

Section 805(a)(1) of the Ethics Reform Act of 1989 sets a ceiling on the expenses which will normally be deemed necessary for privately paid travel. In the case of foreign travel, a maximum of seven consecutive days (excluding travel days) may be accepted without prior written approval from the Committee. Time spent at your own expense, or while accepting the personal hospitality of an individual, does not count against this limit. Accordingly, your proposed travel, as outlined in your letter, appears appropriate.

All travel expenses aggregating $250 or more in value from a single source must be disclosed as "reimbursements" on the Financial Disclosure Statement you file pursuant to the Ethics in

Government Act of 1978. The Ethics Reform Act requires reporting not only the identity of the source of the travel but also a brief description, including a travel itinerary, dates, and nature of expenses provided.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C Dixon

Julian C. Dixon
Chairman

John T Myers

John T. Myers
Ranking Minority Member

JS:lrs

TONY P. HALL
THIRD DISTRICT OHIO

COMMITTEES
HOUSE COMMITTEE ON RULES
SUBCOMMITTEE ON RULES OF
THE HOUSE
CHAIRMAN
SELECT COMMITTEE ON HUNGER

Congress of the United States
House of Representatives
Washington, DC 20515

2162 Rayburn House Office Building
Washington, DC 20515
(202) 225-6465

DISTRICT OFFICE
501 Federal Building
200 West Second Street
Dayton OH 45402
(513) 225-2843

November 15, 1990

Hon. Julian C. Dixon
Chairman
Committee on Standards of Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

From August 17-September 6, 1989, I traveled with representatives of the U.S. National Leadership Prayer Groups in the U.S. Senate and House of Representatives to the Middle East, Southeast Asia and Northern Africa. The trip was sponsored by the International Foundation, a non-profit organization which supports world peace and understanding through spiritual means. The purpose of the trip was to build relationships with private citizens and government officials in each country and to encourage their participation in the National Prayer Breakfast held in Washington, D.C. in early February of each year.

I have again been invited to travel as a representative of the prayer groups to ten countries in the Caribbean, Central and South America from November 26, 1990 to December 6, 1990. This trip is also sponsored by the International Foundation and will be organized by Mr. Doug Coe, who is the organizer of the House and Senate Prayer Breakfasts. We will be traveling by charter jet. I have attached a copy of the current itinerary. The countries we plan to visit are highlighted. I shall travel personally to Miami, Florida, where I shall join the group on November 26, for the departure to Havana, Cuba.

According to my calculations the length of the trip would exceed by two days the number of allowable days for overseas travel paid by another and which is not official Congressional travel. However, November 30, will be a day of rest and I shall be paying for my own hotel accommodations and expenses that day in Aruba. Also, on December 3, I shall be be accepting the personal hospitality of the Honorable James A. Patterson, in St. George's, Grenada, and staying with him and his family in their personal residence.

In view of the above mentioned travel limitations, and the fact that this trip is over a period of 11 days, I wish to ask the Committee's advice as to whether under the circumstances set forth above, my participation would be acceptable and meet the standards under the Ethics Reform Act of 1989?

If you have any questions, please have the Committee staff contact George Lowrey, at 225-6465. Thank you for your consideration of this request.

Sincerely,

Tony P. Hall
Member of Congress

TPH:gl
Enclosures

ITINERARY

CARIBBEAN TRIP - NOVEMBER/DECEMBER, 1990

Day #	Depart From	Time Depart	Destination	Time Arrive	Hrs.on Ground
1 11/26	Ft. Myers	6:15 am	Miami,Florida	7:00 am	1
1 11/26	Miami,Florida	8:00 am	Havana, Cuba	9:00 am	34
2 11/27	Havana, Cuba	5:00 pm	Cayman Island	6:00 pm	18
3 11/28	Cayman Island	12:00 pm	Belize	12:15 pm	20
4 11/29	Belize	8:00 am	Aruba	1:15 pm	43
5 11/30	- - - - - - - I N	A R	U B A - - - - - - -	- -	
6 12/1	Aruba	8:00 am	Caracas, Venez	9:00 am	23
7 12/2	Caracas, Ven.	8:00 am	Grenada	9:00 am	23
8 12/3	Grenada	8:00 am	St. Lucia	8:35 am	23
9 12/4	St. Lucia	8:00 am	Dominica	8:35 am	23
10 12/5	Dominica	8:00 am	Santa Domingo	9:45 am	5
10 12/5	Santa Domingo	3:00 pm	San Juan, P.R.	3:50 pm	17
11 12/6	San Juan, P.R.	9:00 am	Washington/Ntl	11:45 am	1
11 12/6	Washington	12:50 pm	Detroit	2:00 pm	End.

Note: All times shown are Local Time
Clear U.S. Customs in San Juan, Puerto Rico

November 9, 1990

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10:52
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

LEE H. HAMILTON
(Full Name)

2187 Rayburn House Office Building, Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Indiana District: 9	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
SSCB Lintas Worldwide 1/22/90		speech/discussion	$2000.00	
Coleman/Bartlett Washington Focus 1/22/90		speech/discussion	2000.00	
Chemical Manufacturers Association 1/22/90		speech/discussion	2000.00	
Christian Science Monitor 1/23/90		article	50.00	
HBO/Carnegie 2/1/90		discussion	1500.00	
Textile Bag & Packing 2/5/90		speech/discussion	1000.00	
National Association of Colleges & Universities 2/14/90		discussion	1000.00	
Christian Science Monitor 2/27/90		article	125.00	
Brookings 2/28/90		discussion	400.00	
SRI International 3/20/90		speech/discussion	1000.00	

For additional earned income, use next page

Reporting Individual's Name

LEE H. HAMILTON

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (If needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Brookings 3/22/90	speech/discussion	$ 400.00	
New York Times 3/23/90	article	100.00	
Arab American Anti Discrimination League 3/23/90	speech	1500.00	
Sit Investment Associates, Inc. 3/27/90	speech/discussion	2000.00	
Christian Science Monitor 3/28/90	article	125.00	
Georgetown University 3/29/90	speech/discussion	1000.00	
Georgetown University 3/29/90	speech/discussion	1000.00	
National Association of Arab Americans 4/19/90	speech/discussion	1000.00	
Indianapolis News 5/3/90	article	40.00	
National Rural Electric Cooperative Association 5/3/90	speech/discussion	2000.00	
Illinois Wesleyan University 5/10/90	speech/discussion	2000.00	
Indiana University Indianapolis 5/14/90	speech	1000.00	
Bradley Woods 5/16/90	discussion	1000.00	
Council of Scientific Society Presidents 5/16/90	speech/discussion	250.00	
American Farm Bureau 5/18/90	speech/discussion	2000.00	
Christian Science Monitor 5/23/90	article	125.00	
Marian College 5/29/90	speech	350.00	
LA Times 5/30/90	article	250.00	
Brookings 6/5/90	speech/discussion	400.00	
American Council on Capital Formation 6/15/90	speech/discussion	2000.00	

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

LEE H. HAMILTON

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
National Council of Churches of Christ 6/18/90	speech/discussion	$ 500.00	
Christian Science Monitor 7/9/90	article	125.00	
Siemens 7/9/90	speech/discussion	1500.00	
Arnold & Porter 7/20/90	discussion	1000.00	
Christian Science Monitor 7/26/90	article	125.00	
Christian Science Monitor 8/15/90	article	100.00	
Washington Post 8/17/90	article	200.00	
Delaware Management Company 9/17/90	discussion	2000.00	
Christian Science Monitor 9/26/90	article	125.00	
Motion Picture Association 10/11/90	discussion	1000.00	
Verner Liipfert Berhnard McPhearson & Hand 10/16/90	discussion	2000.00	
Christian Science Monitor 10/29/90	article	125.00	
Coleman/Bartlett Washington Focus 11/8/90	discussion	2000.00	
American Stock Exchange 11/21/90	discussion	2000.00	
Coleman/Bartlett Washington Focus 12/10/90	discussion	2000.00	
Spouse's income: sale of spouse's paintings			
			1990 paid to charity $17,565.00

LEE H. HAMILTON

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			102 Main Street, Dover, Delaware				X							X								X							
S			Sears Roebuck & Co. Stock					X					X											X					
JT			Sears Roebuck & Co. Stock		X								X							X									
			General Motors Stock		X								X								X								
			AT&T Stock		X								X							X									
			Pacific Telesis Stock		X								X								X								
JT			Money Market fund Crestar Bank VA			X									X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

LEE H. HAMILTON

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Money Market fund Wright Patman FCU			X									X							X							
S	AMCAP funds, IRA		X								X			X				X									
	Growth funds of Wash., IRA		X								X			X					X								
S	spouse inheritance Bell Atlantic Corp., Stock			X																							
S	spouse inheritance Gov't National Mortage Bond		X																								
S	spouse inheritance Dade Co. FL Municipal Bond			X																							
S	spouse inheritance Georgia St. Bond			X																							
S	spouse inheritance Indiana St. Bond		X																								
S	spouse inheritance Orlando FL Municipal Bond			X																							
S	spouse inheritance St. Lucia Co. FL Municipal Bond			X																							
S	spouse inheritance Utah St. Bond		X																								

Reporting Individual's Name

LEE H. HAMILTON

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

LEE H. HAMILTON

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Tell City Chair, Tell City, IN	commemorative chair	$160.00
General Motors	civil war video tapes, given away	less than $200.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute	1/10-15/90	self & spouse roundtrip airfare, Washington-Jamaica, 5 days lodging, meals	
Sit Investment Associates, Inc.	2/16-17/90	roundtrip airfare, Washington-LaQuinta CA, 1 day lodging	
Hagar-Sharp Consultants	3/24-25/90	self & spouse Charlottesville VA, 1 day lodging, meals	
Illinois Wesleyan University	4/11-12	roundtrip airfare, Washington-Chicago IL, 1 day lodging	
—continued on next page			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Bradley Woods & Co.		/22-23/90	roundtrip airfare, Washington-Boston MA, 1 day lodging	
Johns Hopkins Foreign Policy Inst./ US-Japan Leadership Council		11/16-17/90	roundtrip airfare, Washington-Ojai CA, 2 days lodging, meals	
Mississippi State University Center for International Security		12/13-15/90	self & spouse roundtrip airfare, Washington-New Orleans LA, 2 days lodging, meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

LEE H. HAMILTON

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
5-15-91

GPO: 1991 37-080 (m)

45-572 O—91——54

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 2:10
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

John Paul Hammerschmidt
(Full Name)

U. S. House of Representatives
Washington, D. C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: AR District: 03 ☐ Officer or Employee Employing Office: ______

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	First Federal Savings and Loan, Harrison, Arkansas	Director's Fee	$7,200	
	US Air Force Reserve Retirement	Retired Pay	5,277	
	Associated General Contractors of America, Wash,DC (3/22/90)	honorarium	2,000	
	Assn of American Railroads, Washington, DC 4/19/90	"	"	
	Bell Helicopter Textron, Fort Worth, TX 1/11/90	"	"	
	The Transportation Group Limited, New York, NY 8/16/90	"	"	
	Am. Trucking Association Foundation, Alexandria, VA 4/20/90	"	"	
	Regular Common Carriers Conf, Rosslyn, VA 7/25/90	"	"	
	Am. Road & Transportation Builders Assn. Am. Transportation Advisory Council, Washington, DC 10/24/90	"	1,500	
	Interstate Truckload Carriers Conf, Alexandria, VA 6/25/90	"	1,000	

For additional earned income, use next page

Reporting Individual's Name
John Paul Hammerschmidt

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Common stock, Hammerschmidt Lumber Company, Inc.						X											X									
	Industrial Land, Harrison, AR (14 acres)					X												X									
	Government Investors Trust Arlington, VA			X									X							X							
	First National Bank, Harrison, AR		X										X					X									
	Security Bank, Harrison, AR		X										X					X									
	First Federal S & L, Harrison, AR			X									X						X								

For additional assets and unearned income, use next page

PART I - EARNED INCOME, INCLUDING HONARARIA MELTON D. HANCOCK

SOURCE	TYPE	1990 AMOUNT
Federal Protection, Inc., Springfield, MO	Salary	* $24,000
* (Letter from U.S. House of Representatives Committee on Standards of Official Conduct dated 10-27-90 attached - " -- this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII -- ") Board of Directors of Federal Protection (including the Chairman of the Board) receive absolutely no compensation for services as directors.		
American National Life Insurance Co, Inc Vested insurance commission income	Commissions	$194

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

John Paul Hammerschmidt

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Sergeant at Arms, House of Representatives, Washington DC			x									x					x									
	New York Life Insurance Co. NY		x								x										x						
	W. P. Congressional Federal Credit Union, Washington, DC			x									x						x								
	Chase Manhattan Bank, NY, NY		x										x						x								
	First National Bank Green Forest, AR		x										x					x									

Reporting Individual's Name

John Paul Hammerschmidt

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
John Paul Hammerschmidt

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Associated General Contractors	Mar17-19, 1990	Roundtrip air, DCA - San Francisco, 2 days food &lodging, self	
Assn of American Railroads	Apr. 6-8, 90	Airfare DCA to Key Largo, FL to Little Rock, AR 2 days food & lodging; self & spouse	
The Transportation Group	Apr. 20-22,90	Roundtrip air, DCA - Laguna Niguel, CA 2 days food & lodging, self & spouse	
American Trucking Assn	Apr. 27-29, 90	One way air, DCA to Key Largo, FL 1 day food & lodging; self	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John Paul Hammerschmidt

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chairman/President	Hammerschmidt Lumber Company, Inc. (a holding company), Harrison, AR
Director	First Federal Savings and Loan, Harrison, Arkansas

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John Paul Hammerschmidt	May 15, 1991

GPO: 1991 37-588 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible]

1991 MAY 15 AM 9:14

[illegible] CLERK
U.S. HOUSE OF REPRESENTATIVES

Melton D. Hancock
(Full Name)

6200 W. Grand Street Road
Springfield, MO 65802
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: MO District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED

MC (Office Use Only) 15

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Supporting Schedule Attached			

For additional earned income, use next page

Reporting Individual's Name

Melton D. Hancock

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calender year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
				none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Supporting Schedule Attached																												

For additional assets and unearned income, use next page

PART IV - TRANSACTIONS MELTON D. HANCOCK

S,DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	B	C	D	E	F	G	H
	1985 Jeep - used on farm		X		26-Jul-90	X						
	Common stock-Scottsdale Security - Norte		X		14-Feb-90	X						
	Common stock-Scottsdale Security - ASA		X		14-Feb-90		X					
	Common stock-Scottsdale Security - FBCNY		X		14-Feb-90	X						
	Common stock-Scottsdale Security - FEXCM		X		28-Dec-90	X						
	National Municipal Tst-Principal distributions		X		Var 1990	X						
	Common stock-Scottsdale Security - FEXCM	X			28-Sep-90	X						
	1990 F-150 Ford 4WD Pickup - used on farm	X			15-Jul-90	X						
S	S I McDaniel Trust											
	Southeast Mo University Muni Bonds		X		01-Aug-90	X						

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING
FOOD, ENTERTAINMENT

MELTON D. HANCOCK

SOURCE	DATE	DESCRIPTION	GIFT (X)
The Discussion Club (Speech)	08-Mar-90	Overnight lodging; St. Louis, MO two meals	
Central Assembly of Joplin (Speech)	25-Mar-90	Overnight lodging; Joplin, MO meals, including spouse	
Northrup Corporation (Fact finding B-2)	19-Apr-90	Roundtrip airfare; Washington, D.C. Los Angeles, CA; one night lodging; meals	
National Restaurant Association (Participant Nat'l Convention)	18-20-May-90	Roundtrip airfare; Washington, D.C. Chicago, IL; two nights lodging; meals including spouse	
The Congressional Institute (Participant Issues Seminar)	22-24-Feb-90	Roundtrip transportation; Washington D.C. to Princeton NJ; two nights lodging; meals including spouse	

PART II AND III - ASSETS AND "UNEARNED" INCOME MELTON D. HANCOCK

S,DC JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X)								BLOCK C Income Type of Income (X)					Category of Amount of Income (X)									BLOCK D Transaction (X)
		A	B	C	D	E	F	G	H	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	I	II	III	IV	V	VI	VII	VIII	IX	
	Federal Protection, Inc. Stock (Sub S)						X			X											X			
	614 N. Haseltine Rd, Springfield, MO [redacted]					X					X								X	([redacted])				
	6200 W. Grand, Springfield, MO (FARM)					X					X								X	(Net Loss)				
	Leased vehicle-to Fed Prot, Inc.		X								X								X					
	Mtg on Barns Meadows-Phillip Downs			X								X						X						
	State Bank Southwest Mo (Savings)		X									X			X									
	Farm & Home Savings & Loan (CD)		X									X				X								
	Scottsdale Securities-Brokerage a/c		X									X				X								X
	Great Southern (Checking, Savings & CD)					X						X							X					
	U. S. Treasury Securities					X						X								X				
	Exxon Corporation (Bonds)			X								X						X						
	Ind Dev Auth, Eldorado Spr, MO (Bonds)		X									X					X							
	Mo State Envir Auth (Itan Bonds)			X								X					X							
	Mo State Health Facility (Cox Bonds)			X								X					X							
	Mo State Housing & Dev Auth (Bonds)		X									X					X							
	National Municipal Trust Ser (Bonds)			X								X					X							X
	City of Springfield Park Bd (Bonds)		X									X				X								
	City of Springfield Public Util (Bonds)		X									X				X								
	Note receivable-Bob Cook		X									X			X									
	Fidelity Magellan Fund			X						X							X							
	Houston Industries (Common Stock)			X						X							X							
	American Electric Power (Common Stock)		X							X						X								
	20th Century Funds-Personal				X					X								X						
	Union Electric (Common Stock)		X							X						X								

PART II AND III - ASSETS AND "UNEARNED" INCOME   MELTON D. HANCOCK

S,DC JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X) A	B	C	D	E	F	G	H	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRST	Category of Amount of Income (X) I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D Transaction (X)
	Vanguard Prime (Mutual fund)					X				X									X					
	United Services Gold Fund (Stock)		X							X						X								
	Scottsdale Securities (ASA Stock)	X								X							X							X
	Great Southern Savings (Stock)			X						X						X								
	First Exec Life Ins Co (Stock)		X							X					X									X
	Interstrat Resources (Stock)	X								X					X									
	Oxoco (Stock)	X								X					X									
	US Mines (Stock)	X								X					X									
S	T Rowe Price-(IRA-SEP)-Spouse			X						X							X							
	T Rowe Price-(IRA-SEP)-Mel					X				X										X				
	20th Century Funds-Pension			X						X							X							
	20th Century Funds-Profit Sharing			X						X								X						
DC	State Bank SW Mo (Savings) (In 1990)		X									X			X									
DC	Great Sou Sav (Stock) (Dependent)(In 1990)		X							X					X									
DC	20th Century Funds (Dependent) (In 1990)			X						X									X					
S	S I McDaniel Trust (1/2 Interest) :																							
	St Louis Mo Muni Bonds		X									X			X									
	Southeast Mo University Muni Bonds		X									X				X								X
	Springfield Mo Public Util Muni Bonds		X									X				X								
	Centerland Fund (Money Market a/c)		X									X					X							
	Land-2405 S National, Springfield, Mo (Includes rental house & 15 Acres)					X					X						X							

Reporting Individual's Name

Melton D. Hancock

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Supporting Schedule Attached											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Melton D. Hancock

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Supporting Schedule Attached				

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Melton D. Hancock

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	Supporting Schedule Attached

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Melton D. Hancock	DATE (Month, Day, Year) 5-14-91

GPO: 1991 37-[illegible]

PART VIII - POSITIONS

MELTON D. HANCOCK

POSITION	NAME OF ORGANIZATION
Chairman of the Board	Federal Protection, Inc. Springfield, MO
President & Chairman of the Board	Taxpayers Survival Association 6200 W. Grand Springfield, MO
Co-Trustee	Federal Protection Pension Plan Springfield, MO
Co-Trustee	Federal Protection Profit Sharing Springfield, MO

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

OCT 3 0 1990

The Honorable Mel Hancock
United States House of Representatives
511 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting guidance regarding the limitations on outside earned income in the Ethics Reform Act as it relates to compensation you receive from Federal Protection, Inc.

You explain that Federal Protection, Inc. was chartered as a general business corporation for the purpose of providing security systems to the banking and financial industries. The company writes primarily five-year lease maintenance contracts and is very capital intensive. In 1984, the Company purchased the outstanding shares of the stockholders except those shares owned by you and your wife. A verbal agreement was made to transfer on an annual basis ownership to your son of approximately 43 percent of the company through 1989, which has been accomplished.

After your 1988 election to Congress, your son was made President of the company and is full time operating officer. You remain Chairman of the Board and only look after the financial affairs and financing of the company. You do not participate in the soliciting of additional business. You ask if, in view of limitations included in the Ethics Reform Act of 1989 (P.L. 101-194, as amended by P.L. 101-280), you may continue to receive any income from the company, as well as contributions on your behalf to a profit-sharing plan. The Committee notes that on your Financial Disclosure Statement for calendar year 1989, you reported earned income from Federal Protection, Inc. of $24,000, in addition to dividends and lease payments.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

. . . .

> (2) any compensation derived by such Member for personal services actually rendered prior to . . . becoming such a Member . . . ;
>
> (3) any amount paid by, or on behalf of, a Member to a tax-qualified pension, profit-sharing, or stock bonus plan and received by a Member from such a plan; [and]
>
> (4) in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502) provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not--

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;

> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). *See Report of the House Bipartisan Task Force on Ethics on H.R. 3660*, p. 16, *Cong. Rec.* (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." *See Task Force Report*, *supra*, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Federal Protection, Inc., the Committee views the statute as prohibiting you serving for compensation as Chairman of the Board. This does not mean, however, you are totally precluded from receiving any compensation. Consistent with House Rule XLVII, you may be paid an amount consistent with what you received in 1989 to look after the financial affairs and financing of the company, as long as it is not indirect compensation for serving as Chairman. Payments may also be paid on your behalf to a tax-qualified profit-sharing plan. In reaching this decision, we note that the salary you were paid by Federal Protection, Inc. prior to your election to the House of Representatives was significantly more than you have been receiving since coming to Congress. In addition, the payment is consistent with the policy enunciated in House Rule

XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that while you may not serve for compensation as a board member or director of Federal Protection, Inc., you may receive compensation, in an amount consistent with what your have received in prior years while a Member of Congress, for protection of your equity, provided your family continues to own a controlling interest in the business. Activities which do not generate a significant amount of income for the family-controlled company will continue to fall within the cited exemption in House Rule XLVII. Furthermore, your receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon

Julian C. Dixon
Chairman

John T. Myers

John T. Myers
Ranking Minority Member

JS:MJD

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -6 AM 11:19
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

James V. Hansen
(Full Name)

399 East Oak Lane
Farmington, Utah 84025
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Utah District: 1	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$8,000	
Fairfax County Board of Education	Spouse Salary	NA	
Edison Electric Institute (Jan.6, 1990) Naples, Florida	Speech	$1,000	
ISC Defense & Space Group The Marquardt Company, Van Nuys, CA (Feb. 13, 1990)	Speech	$2,000	
Northrup Corporation (Feb. 13, 1990) Los Angeles, CA	Speech	$2,000	
D. H. Lloyd & Associates Washington, D. C. (March 13, 1990)	Speech	$1,000	
AAI Corporation Cockeysville, Maryland (April 23, 1990)	Speech	$2,000	
Morton Thiokol Huntsville, Alabama (April 27, 1990)	Speech	$1,000	
Bonneville Group, Inc. (June 8, 1990) Western Regional Council, Colorado Spring, CO.	Speech	$2,000	
LTV Dallas, Texas (July 16, 1990)	Speech	$2,000	
America First Credit Union Homestead, Midway, Utah (Aug. 17, 1990)	Speech	$1,000	
Sierra Pacific Power Company Battle Mountain, Nevada (Aug. 27, 1990)	Speech	$2,000	

For additional earned income, use next page

Reporting Individual's Name
James V. Hansen

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Westinghouse Tooele County, Utah (Nov. 13-14, 1990)	Speech	$2,000	
Chicago Mercantile Exchange Chicago, Illinois (Nov. 29, 1990)	Speech	$ 750	
Chicago Board of Trade Chicago, Illinois (Nov. 29, 1990)	Speech	$ 750	
General Atomics San Diego, CA (Dec. 17, 1990)	Speech	$2,000	
Ebasco, Inc. New York, NY (Dec. 19, 1990)	Speech	$1,000	
Enserch Corp. New York, NY (Dec. 19, 1990)	Speech	$1,000	
Hercules Corp. Washington, D. C. (Dec. 20, 1990)	Speech	$1,000	

Reporting Individual's Name
James V. Hansen

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			102 Main Street, Dover, Delaware				X							X								X							
JT			Office Building, 60 South 200 West, Farmington, Utah 84025				X							X										X					
JT			Bear Lake Condominium		X									X							X								
JT			Congressional Federal Credit Union		X										X						X								
JT			Mountain America Credit Union		X										X						X								
JT			Three Building Lots: Lot 16, Woodland Springs, Plat A, Farmington, UT																										
			Second Woodland Springs lot re-divided into two - Plat A, Farmington, UT				X													X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

James V. Hansen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	U. S. Savings Bonds		X										X						X								

Reporting Individual's Name

James V. Hansen

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Bear Lake Condominium		X		4-10-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	America First Credit Union	Mortgage on office rental building 60 South 200 West, Farmington, UT		X					

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

James V. Hansen

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Edison Electric Institute	Jan 4-6,'90	Roundtrip air fare from Washington, D. C. to Naples, Florida and two nights lodging and meals	
Northrup Corp.	Feb 12-14,'90	Air fare from Washington, D. C. to Los Angeles, CA, and to Salt Lake City, Utah, and two nights lodging and meals	
Morton Thiokol, Inc.	Apr 26-27,'90	Roundtrip air fare from Washington, D. C. to Huntsville, ALA. and one night lodging and meal	
Bonneville Group	Jun 7-8,'90	Roundtrip air fare from Salt Lake City, Utah to Colorado Springs, CO. and one night lodging and meal	
LTV	July16,'90	Air Fare Salt Lake City, Utah to Dallas/Ft. Worth and Washington, D. C.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting individuals Name

James V. Hansen

PART VII "Reimbursements" AND GIFTS OF TRANSPORTATION, LODGING, FOOD ENTERTAINMENT (Continued)

Chicago Mercantile	Nov. 28-29, 1990	Air fare Salt Lake City, Utah to Chicago, Illinois and Washington, D. C and one night lodging and meal
Ebasco, Inc.	Dec. 19-20, 1990	Roundtrip air fare Washington, D. C. to New York City and one night lodging and meal
Sierra Pacific Power	Aug. 27, '90	Roundtrip air transportation Salt Lake City, Utah, to Battle Mountain, Nevada
General Atomics	Dec. 17, '90	Roundtrip air fare Salt Lake City, Utah to San Diego, CA

Reporting Individual's Name

James V. Hansen

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 4/30/90

GPO: 1991 37-180 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 4:45
U.S. [illegible] REPRESENTATIVES
HAND DELIVERED

Congressman Claude Harris
(Full Name)
1009 Longworth Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: AL. District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Mc (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Alabama Army National Guard	salary	7,621.52	

For additional earned income, use next page

Reporting Individual's Name
Cong. Claude Harris

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Exam-ples:	S	ABC Corporation Stock		X								X								X							X
			George Wash. Credit Union Accounts			X									X								X					
			162 Main Street, Dover, Delaware				X							X								X						
	Tuscaloosa Co. Credit Union		X											X					X									
	Tuscaloosa, Alabama																											
	Amsouth Bank accounts,			X										X						X								
	Tuscaloosa, Alabama																											
	Southern Farm Bureau Life Ins.		X									X							X									
	First State Bank (CD), Tusc.,AL			X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Cong. Claude Harris

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	First Alabama Bank (IRA),		X										X						X								
	Tuscaloosa, Alabama																										
	Principal Mutual Life Ins.		X								X								X								
	2138 Shannon Rd., Lot 1 (½ int) Alabama		X									X							X								
	2138 Shannon Rd., Lot 2 (½ int) Alabama		X									X							X								
	2138 Shannon Rd. Lot 3 (½ int) Al.		X									X							X								
	2138 Shannon Rd., Lot 4 (½ int) Alabama		X									X							X								
	2138 Shannon Rd., Lot 5 (½ int) Alabama		X									X							X								
	2138 Shannon Rd. Lot 6 (½ int) Alabama		X									X							X								
	226 Hulsey St., Shannon, AL (½ int.)		X									X							X								
	Shannon Rd., Bessemer, AL (½int)		X									X							X								

CLAUDE HARRIS
7TH DISTRICT, ALABAMA

COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEES:
ENERGY AND POWER
TELECOMMUNICATIONS
AND FINANCE

COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEES:
HOUSING AND MEMORIAL AFFAIRS
HOSPITALS AND HEALTH CARE

Congress of the United States
House of Representatives
Washington, DC 20515

1008 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-2665

DISTRICT OFFICES:

ROOM 204
FEDERAL BUILDING
TUSCALOOSA, AL 35401
(205) 752-3578

103 COURTHOUSE
[illegible], AL 36030
(205) 428-6031

FEDERAL BUILDING
SELMA, AL 36701
(205) 872-2684

June 19, 1991

①

HAND DELIVERED

JUN 20 3 25

✓
MC

Honorable Louis Stokes
Chairman
Committee on Standards of Official
Conduct
Suite HT-2
The Capitol

Dear Mr. Chairman:

I am writing to provide additional information about my 1990 Financial Disclosure Statement as recently requested by the Committee.

Please refer to Part VII-Reimbursements/gifts of transportation, food, lodging and entertainment:

1) Travel dates during US Congressional Study Group trip to Germany, Hungary, and Czechoslovakia were May 26th (Washington-Cologne) arriving May 27th; May 30th Cologne to W. Berlin; June 1st Berlin-Prague-Budapest; June 3-4 from Budapest-Frankfurt-Cologne-Washington.

2) Concerning overnight lodging in Birmingham, Al. provided by RJR Nabisco, Winston Cup Team for self, spouse and child, the cost of the room for one night was $125 and no additional cost was incurred for third person in the room.

I hope these explanations will clarify the items in questions on my Financial Disclosure Statement.

Sincerely,

CLAUDE HARRIS
Member of Congress

RECEIVED
91 JUN 20 PM 3:08
COMMITTEE ON STANDARDS

Reporting Individual's Name
Cong. Claude Harris

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Alabama Bank, Alabama	personal loan		X					

Reporting Individual's Name
Cong. Claude Harris

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
General Motors Corp, Detroit,	video tape set of "The Civil War"	$130.00
Michigan		
Winston Cup Team, RJR Nabisco	sports coat (blazer)	$150.00
Winston Salem, N.C.		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Int'l Society of Fire Service	4-8-90	roundtrip air from Tuscaloosa-Cincinnati-Tuscaloosa	
Instructors		and lunch	
Winston Cup Team, RJR Nabisco	5-5-90	overnight lodging for self, spouse and child in	
		Birmingham, Alabama	
German Marshall Fund of US	May 25- June 4,1990	roundtrip air travel from DC-W. Germany-DC;7 days	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Cong. Claude Harris

Part VII (continued) reimbursements and gifts of transportation, lodging, food, entertainment

German Marshall Fund of US		of lodging and meals, self and spouse while participating in US Congressional Study Group on Germany meeting. Self & spouse
Railway Tie Association Seaman Timber Co. Montevallo, AL	Oct. 10-11, 1990	roundtrip air travel from DC-Birmingham-DC; overnight lodging and one meal; self
Alabama Farmers Federation Montgomery, Alabama	Dec. 9-10, 1990	roundtrip air travel from DC-Mobile-DC; 1 night lodging and meals; self

Reporting Individual's Name
Cong. Claude Harris

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Claude Harris	May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 PM 2 41
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

J. Dennis Hastert
(Full Name)

P.O. Box 386
Yorkville, Illinois 60560
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Illinois District: 14	☐ Officer or Employee Employing Office: N/A
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date:

Mc (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Chicago Board of Trade 2/26/90	Honorarium	1,500	
	Chicago Mercantile Exchange 2/26/90	"	1,500	
	Association of Am. Railroads 3/13/90	"	1,000	
	Outdoor Advertisers of America 4/19/90	"	1,000	
	American Paper Institute 5/17/90	"	1,000	
	U.S. Telephone Association 6/4/90	"	1,000	
	Bellsouth Corporation 6/21/90	"	1,750	
	American Trucking Association 9/27/90	"	1,000	
	Northrop Corporation 8/17/90	"	2,000	
	Am. for Safe & Comp. Trucking 12/7/90	"	1,000	

For additional earned income, use next page

Reporting Individual's Name

J. Dennis Hastert

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Nat. Assoc. of Broadcasters 12/12/90	Honorarium	2,000	
RJR Nabisco 12/6/90	"	2,000	
The Tobacco Institute 12/6/90	"	2,000	
National Restaurant Assoc. 12/16/90	"	1,000	
U.S. Telephone Association 12/14/90	"	1,000	
U.S. House of Representatives	Salary	N/A	
Yorkville Community Unit Dist. #115 (Spouse)	Salary	N/A	

J. DENNIS HASTERT
14TH DISTRICT, ILLINOIS

515 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2976

27 NORTH RIVER STREET
BATAVIA, IL 60510
(708) 406-1114

100 WEST LAFAYETTE STREET
OTTAWA, IL 61350
(815) 434-0888

888 NORTH LA FOX
SOUTH ELGIN, IL 60177
(708) 881-0633

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEE ON
ENERGY AND COMMERCE
COMMITTEE ON GOVERNMENT
OPERATIONS
EXECUTIVE COMMITTEE ON
COMMITTEES
SELECT COMMITTEE ON
CHILDREN, YOUTH AND FAMILIES
HUMAN RIGHTS CAUCUS

May 31, 1991

HAND DELIVERED
✓
MC ③

1991 MAY 31 PM 12:22

Office of Records and Registration
Clerk
U.S. House of Representatives
1036 Longworth HOB
Washington, D.C. 20515

Dear Donn:

This is in response to your request for additional information concerning my 1990 financial disclosure form.

The Macoupin County Farm disclosed in 1989 is the same property as that listed as "Farm -- Shipman, IL" on my 1990 financial disclosure statement. Shipman, IL is located in Macoupin County.

I hope this clarification is helpful.

Sincerely,

J. Dennis Hastert

J. Dennis Hastert
Member of Congress

JDH:pv

Reporting Individual's Name
J. Dennis Hastert

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Yorkville National Bank		X										X						X								
			Rental House - Yorkville, Illinois					X						X						X(Net)			X(Gross)						
			Farm - Shipman, Illinois					X											Farm Income	X(Net)				X(Gross)					
			Opera House Property (1/2 interest)		X														Partnership Income		X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

J. Dennis Hastert

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	None																										

Reporting Individual's Name

J. Dennis Hastert

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	None											

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Yorkville Nat'l Bank	Mortgagu on 51 1/2 acres Farmland	X						
	First Midwest Bank/Joliet	50% interest in mortgages by Opera House Properties		X					
	Goldome	Mortgage on Washington D.C. Residence			X				
	Federal Land Bank	Mortgage on 120 Acres Farmland			X				
	Yorkville National Bank	Mortgage on Rental House			X				

Reporting Individual's Name
J. Dennis Hastert

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors	Civil War video tapes	$71

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute		Feb. 22-24, 1990	Transportation, Meals, & Housing for Princeton Conference	
Chicago Mercantile Exchange		" 26, 1990	Roundtrip airfare Wash. - Chicago, Dinner & Hotel 1 night	
Assoc. of Am. Railroads		March 13, 1990	Roundtrip airfare Washington to Phoenix for Congressman; roundtrip airfare	
			Chicago to Phoenix for Spouse, 3 nights lodging & meals	
U.S. Telephone Assoc.		June 14,1990	Roundtrip airfare D.C. to Phoenix	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
J. Dennis Hastert

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
50% Partner	Opera House Property Partnership

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
N/A	State of Illinois - State Employees	Pension Available at age 55
	Retirement System	due to prior service

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☐	NA ☒
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL J. Dennis Hastert	DATE (Month, Day, Year) May 14, 1991

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 31 PM 12:22

HAND DELIVERED

(Office Use Only)

J. Dennis Hastert
(Full Name)

P.O. Box 386
Yorkville, IL 60560
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: IL District: 14	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
J. Dennis Hastert

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Route 34 right of way seizure and landscape replacement at residence -- Yorkville, IL			X													comp. for seizure						X				

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 13 7:48

Charles Floyd Hatcher
(Full Name)

2434 Rayburn HOB
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Georgia District: Second	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

INSIDE MAIL

mc

(Office Use Only)

⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	American Farm Bureau (Jan. 8, 1990)	Speech	$1000.00	
	Southeastern Peanut Assn. (Jan. 10, 1990)	Speech	$1000.00	
	Tobacco Institute (Jan. 18-20, 1990)	Speech	$2000.00	
	California Kiwifruit Assn. (Jan. 1990)	Speech	$ 500.00	
	Chemical Producers & Distributors Assn. (Feb. 12)	Speech	$1000.00	
	Cotton Council (Feb. 12, 1990)	Speech	$2000.00	
	Peanut Advisory Board (Feb. 15, 1990)	Speech	$1000.00	
	Alabama Farmers Federation (Feb. 15, 1990)	Speech	$1000.00	
	Connell Rice and Sugar (Feb. 26, 1990)	Speech	$2000.00	
	Food Marketing Institute (March 1, 1990)	Speech	$1000.00	

For additional earned income, use next page

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Reporting Individual's Name Charles Hatcher

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Chicage Board of Trade (March 19, 1990)	Speech	$750.00	
Chicago Mercantile Exchange (March 19, 1990)	Speech	$750.00	
Florida Fruit and Vegetable Assn. (April 4, 1990)	Speech	$1500.00	
Brown and Williamson Tobacco Corp. (May 14, 1990)	Speech	$1500.00	
Philip Morris (June 6, 1990)	Speech	$2000.00	
Southeastern Peanut Assn. (June 16, 1990	Speech	$1000.00	
United States Tobacco (July 11, 1990)	Speech	$2000.00	
RJR/Nabisco (Oct. 1, 1990)	Speech	$2000.00	
Hecht, Spencer and Associates (Oct. 26, 1990)	Speech	$500.00	
Florida Fruit and Vegetable Assn. (Nov. 13, 1990)	Speech	$500.00	
National Ag. Chemical Assn. (Dec. 3, 1990)	Speech	$1750.00	
Georgia Council on Child Abuse	Spouge Salary	----	

Reporting Individual's Name
Charles Hatcher

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	Individual Retirement Account		x										x						x								
S	Individual Retirement Account		x										x						x								

For additional assets and unearned income, use next page

Reporting Individual's Name

Charles Hatcher

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Bank & Trust Comp. Albany, Ga.	personal loan		x					

Reporting Individual's Name
Charles Hatcher

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Am. Farm Bureau		Jan. 8	Roundtrip Air Travel from Albany, Georgia to Orlando Florida, one meal	
Tobacco Institute		Jan. 18-20	Roundtrip Air Travel from Albany, Georgia to Palm Springs, CA, 3 days lodging and means, for self and spouse	
Connell Rice and Sugar		Feb. 26	Roundtrip Air Travel from Washington, D.C. to N.J. one meal	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Charles Hatcher

Part VII-Resimbursements Con't

Chicago Board of Trade/Chicago Mercantile Exchange March 19
Air Travel from Albany, Georgia to Chicago to Washington, D.C.,
one meal

Southeastern Peanut Assn. June 16
Air Travel from Albany, Georgia to Ft. Lauderdale, Fl. to Washington, D.C.
one night lodging and meals

National Ag. Chemical Assn. Dec. 3
Roundtrip Air Travel from Albany, Georgia to San Diego, CA
one night lodging and meals

Reporting Individual's Name
Charles Hatcher

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST -Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 9, 1991

AMENDMENT

INSIDE MAIL

[illegible] MAY 24 [illegible] 3:18

U.S. HOUSE OF REPRESENTATIVES

√ ① MC

Reporting Individual's Name

Cha[illegible]tch[illegible]

5-24-91

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	Individual Retirement Account--- Security Bank and Trust Co., Albany, Georgia		x										x						x								
S	Individual Retirement Account--- Security Bank and Trust Co., Albany, Georgia		x										x						x								

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

'91 MAY 15 PM 4:09
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Rep. Charles A. Hayes
(Full Name)

1131 Longworth House Office Building
Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Illinois District: 01	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Mc (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	United Food and Commercial Workers Int'l. Union	Pension	$42,911	
	AETNA Life Insurance Company	Annuity	7,212	
	University of North Carolina, Raleigh, N.C. (Feb. 6, 1990)	TV Panelist	1,020	
	National Assn. of Postmasters of the U. S. Washington, D. C. (Feb. 21, 1990)	Speaker	1,000	
	National Postal Mail Handlers Union, Washington, D. C. (March 6, 1990)	Speaker	1,000	
	Chicago Board of Trade, Chicago, Ill. (March 16, 1990)	Speaker	1,500	
	Chicago Mercantile Exchange, Chicago, Ill. (March 16, 1990)	Speaker	1,500	
	Arab-American Anti-Discrimination Comte. Wash., D. C. (March 23, 1990)	Speaker	2,000	
	Distilled Spirits Council, Washington, D. C. (May 8, 1990)	Speaker	2,000	
	National Postal Mail Handlers Union, Binghampton, N.Y. (June 16, 1990)	Speaker	2,000	

For additional earned income, use next page

Reporting Individual's Name
Rep. Charles A. Hayes

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
National Postal Mail Handlers Union, Wash., D. C. (July 14, 1990)	Speaker	1,000	
American Postal Workers Union, Las Vegas, Nevada (July 28, 1990)	Speaker	2,000	
National Association of Letter Carriers, New Orleans, La. (Aug. 24, 1990)	Speaker	2,000	
Committee to Re-elect Ed Towns, New York, N. Y. Nov. 12, 1990)	Speaker	1,500	

Financial Disclosure A-1(a)

Reporting Individual's Name

Rep. Charles A. Hayes

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name

Rep. Charles A. Hayes

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Congressional Federal Credit Union	Personal loan		X					

Reporting Individual's Name
Rep. Charles A. Hayes

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 16.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Postal Workers Union		7/28-29/90	Roundtrip air travel from Chicago, Ill. to Las Vegas, Nevada 2 nights lodging and meals	
National Assn. of Letter Carriers		8/23-24/90	Roundtrip air travel from Chicago, Ill. to New Orleans, La. Lodging and dinner for one night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Rep. Charles A. Hayes

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Chairman of the Board and President	Charles A. Hayes Labor, Cultural and Community Center
Board of Directors	Congressional Black Caucus Foundation, Inc.
Board of Directors	Chicago Urban League
Board of Advisors	Martin Luther King, Jr. Center for Non-violent Social Change
Board of Directors	Operation PUSH

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

Separated, pending divorce during calendar year 1990

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

Charles A. Hayes

DATE (Month, Day, Year)

May 15, 1991

GPO 1991 37-030 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
[illegible]
1991 MAY 15 AM 9:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

James A. Hayes
(Full Name)

503 Cannon H.O.B.
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: LA District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
Leslie Hayes & Associates (event planning-self)		Spouse income	N/A	
American Waterways Operators	2/26/90	speech	$1000.00	
NAWGA Political Education Fund	5/05/90	speech	$1000.00	
Nation Ocean Industries Association	3/12/90	speech	$1000.00	
Independent Insurance Agents of America	2/16/90	speech	$1000.00	
Associated Builders & Contractors, Inc.	3/09/90	speech	$1000.00	
Lamar Corporation	3/09/90	speech	$2000.00	
The Hartford	3/22/90	speech	$2000.00	
IISSC - Symposium on Super Collider	4/26/90	speech	$2000.00	

For additional earned income, use next page

Reporting Individual's Name
James A. Hayes

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Connell Rice & Sugar Co., Inc. 3/26/90	seminar	$2000.00	
Chicago Mercantile Exchange 4/30/90	seminar	$ 750.00	
Board of Trade of the City of Chicago 4/30/90	seminar	$ 750.00	
Industry Council For Tangilbe Assets 9/17/90	speech	$1000.00	
Professional Numismatists Guild, Inc 8/30/90	speech	$2000.00	
Transco Energy Company 6/27/90	speech	$1000.00	
BP America, Inc. 5/08/90	speech	$2000.00	
Tobacco Institute 5/21/90	speech	$2000.00	
Solomon Brother, Inc. 6/11/90	speech	$2000.00	

Reporting Individual's Name

James A. Hayes

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name

James A. Hayes

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Settlement - Payment of portion (partners share) of partnership			X	9/90		X					
	debt to third party creditor in exchange for release of further											
	obligations to partnership or partners - Commerce Partners											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Louisiana FSB, now administered by RTC	note					X		
	Woodlands Property Partnership -debt to creditors	note		X					
	Evangeline Oil Realty	loan/assignment			X				
	Jack A. Hayes	loan/assignment			X				

Reporting Individual's Name
James A. Hayes

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Waterways Operators	1/12/90	Roundtrip air from Wash., D.C. to New Orleans	
Connell Rice & Sugar	3/26/90	Roundtrip air from Wash., D.C. to Westfield, N.J.	
Chicago Mercantile Exchange	4/26/90	Roundtrip air from Wash., D.C. to Chicago, lodging	
Professional Numismatists Guild	8/21-23/90	Roundtrip air from Wash., D.C. to Seattle, Washington, lodging	
Solomon Brothers	5/20/90	Roundtrip air from Wash., D.C. to Porte Verde, Fla., lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

The Hartford 3/15/90 Roundtrip air from Wash., D.C. to West Palm Beach, lodging

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, D.C. 20515

JIMMY HAYES
7TH DISTRICT LOUISIANA

1991 MAY 23 PM 12: 43
U.S. HOUSE OF REPRESENTATIVES

May 23, 1991

✓
MC ②

The Honorable Donnald K. Anderson
Clerk
U. S. House of Representatives
1036 Longworth
Washington, D.C. 20515

Re: Amendment to Financial Disclosure Statement for Calendar Year 1990.

Dear Donn:

Enclosed is an amended version of Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment, of my Financial Disclosure Statement for 1990, showing the dates of travel and the number of nights of lodging.

Thank you for your attention to this matter.

Sincerely,

Jimmy Hayes
MEMBER OF CONGRESS

PAID FOR BY THE JIMMY HAYES FOR CONGRESS COMMITTEE

HAND DELIVERED

Congreſs of the United States
House of Representatives
Washington, D.C. 20515

RECEIVED
91 MAY 29 PM 3:04
COMMITTEE ON STANDARDS

JIMMY HAYES
7TH DISTRICT LOUISIANA

May 29, 1991

The Honorable Louis Stokes
Chairman
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

MC ✓

Re: Amendment to Financial Disclosure Statement for Calendar Year 1990.

Dear Louis:

In response to your letter dated May 22, 1991, an amendment to my financial disclosure statement showing the dates of travel and the number of nights of lodging was filed by me on May 23, 1991.

Thank you for your attention to this matter.

Sincerely,

Jimmy Hayes
MEMBER OF CONGRESS

1991 MAY 30 AM 9:33

PAID FOR BY THE JIMMY HAYES FOR CONGRESS COMMITTEE.

Reporting Individual's Name
James A. Hayes

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Commerce Partners Lafayette, Louisiana
Vice President	Evangeline Oil Realty Lafayette, Louisiana

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15 1991

GPO 1991 37-388 (m)

HAND DELIVERED

Reporting Individual's Name
James A. Hayes

1991 MAY 23 PM 12:43

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $35 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calender year to $200 in most instances. For further information, see Instructions, page 18

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Waterways Operators	1/12/90	Roundtrip air from Wash., D.C. to New Orleans	
Connell Rice & Sugar	3/26/90	Roundtrip air from Wash., D.C. to Westfield, N.J.	
Chicago Mercantile Exchange	4/29-30/90	Roundtrip air from Wash., D.C. to Chicago, 1 night lodging	
Professional Numismatists Guild	8/21-23/90	Roundtrip air from Wash., D.C. to Seattle, Washington, 2 nights lodging	
Salomon Brothers	5/20-21/90	Roundtrip air from Wash., D.C. to Porte Verde, Fla., 1 night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

The Hartford 3/15-16/90 Roundtrip air from Wash., D.C. to West Palm Beach, 1 night lodging

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:30
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Joel M. Hefley
(Full Name)

222 CHOB
Washington, DC 20515
(Mailing Address)

Filer Status: ☑ Member of the U.S. House of Representatives State: ____ District: ____ ☐ Officer or Employee Employing Office: ____

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	University of New Mexico 1-23-90	Speech	$1,000.00	
	United Way of Indianapolis 2-19-90	Speech	$750.00	
	Chicago Merchantile Exchange 2-22-90	Speech	$750.00	
	the NFIB Foundation 9-25-90	Speech	$1,000.00	
	Spouse: Lynn Hefley			
	Triple Diamond Ltd.	Manufacturing		
	Property Management	Salary		
	Dependent Child: Juli Hefley			
	Summer job	Salary		
	Chicago Board of Trade 2-22-90	Speech	$750.00	

For additional earned income, use next page

Reporting Individual's Name
Joel Hefley

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependant child (DC).	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	1/6 interest in Parkmoor Manor Apts. N. HANCOCK St., Colo. Springs, CO				X							X										X					
JT	Janes Ln. Apts. Janes Lane, Colo. Springs, CO			X								X									X						
JT	1/2 interest in Foot Ave. Apts. Foot Ave., Colo. Springs, CO			X								X									X						
JT	1/2 interest in Friendship Pl. Apts. Friendship Pl., Colo. Springs, CO			X								X									X						
	Merril Lynch Money Market Acct. Colorado Springs, CO			X									X								X						
	Piper, Jaffray & Hopwood Money Mkt. Act. 25 N. Cascade Ave., Colo. Spgs., CO				X								X								X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joel Hefley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	½ Interest in Farm North McArthur, Edmond, Okla.					X						X									X						Inherited

Reporting Individual's Name
Joel Hefley

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
Jt	Inherited ½ interest in Okla. Farm from Fathers estate			X	11/90			X				
	Piper, Jaffray and Hopwood Money Mkt. Act. from proceeds of Fathers estate	X						X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
Jt	Jim Burton	1/6 of mortgage of Parkmoor Manor Apts			X				
Jt	IMCO Realty Ser. Inc. - Petaluma, CA	Mortgage on Janes Lane Apts.		X					
Jt	Lou Carpenter, Breckinridge, CO	½ mortgage on Foot Ave. Apts.		X					
Jt	Lomas Co.	½ mortgage on Friendship Pl. Apts.		X					

Reporting Individual's Name
Joel Hefley

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
University of New Mexico		1/7-8/90	Roundtrip Air travel from Co. Springs to Albuergue, NM 1 Day food and lodging	
United Way of Indianapolis		2/22/90	Air travel from Wash. to Indianapolis to Denver 1 Dinner	
Chicago Merchantile Exchange		2/25-26/90	Air travel from Denver to Chicago to Washington 1 Day Food and lodging	
100th Congress Rep. Retreat Congressional Institute		11/30/90-12/2/90	Lodging and food for 2 days	
Jim McCrery Campaign		9/8-9/90	Air travel Colo. Springs to Shreveport, LA to Washington 1 Day Food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Joel Hefley

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joel Hefley	5/15/91

GPO [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

W. G. (Bill) Hefner
(Full Name)

2161 Rayburn Building

Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: NC District: Eighth	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

RECEIVED

1991 MAY 14 PM 2:53

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) (8)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)		**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)		Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)		Article	$500	X
	ABC Corporation		Director's Fee	$6,000	
	Fairfax County Board of Education		Spouse Salary	NA	
	Long & Foster Real Estate		Spouse commissions	N/A	
	*Arkansas Poultry Federation	(Feb. 22, 1990)	Executive meeting	2,000	
	*Corning Glass Works	(Mar. 16, 1990)	Public policy conference	500	
	Southern Bell	(Apr. 9, 1990)	Executive meeting	2,000	
	RJR Nabisco	(June 5, 1990)	Honorarium	2,000	
	Smokeless Tobacco Council, Inc.	(June 15, 1990)	Executive luncheon	1,000	
	Distilled Spirits Council	(June 21, 1990)	Legislative breakfast	2,000	
	Phillip Morris Management Corp.	(July 11, 1990)	Legislative meeting	2,000	
	City of Las Vegas	(Aug. 14, 1990)	Legislative overview	750	
	Hecht, Spencer & Associates, Inc.	(Oct. 26, 1990)	Executive briefing	1,000	

For additional earned income, use next page

Reporting Individual's Name

W. G. (Bill) Hefner

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
A T & T (Nov. 26, 1990)	Legislative meeting	2,000	
E-Systems, Inc. (Dec. 11, 1990)	Legislative overview	2,000	

Reporting Individual's Name

W. G. (Bill) Hefner

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples:	S	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Fidelity Municipal Bond Fund				x						x											x					x
		Food Lion "B" Stock			x							x									x							x
		Putnam Tax Free Insured Fund							x			x												x				x
		Nestle's "A" - ADR			x							x								x								
		General Electric Co. Stock			x							x							x									x
		Harcourt, Bruce, Jovanovich, Inc.Stock	x																x									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: W. G. (Bill) Hefner

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Occidental Petroleum Stock				x						x											x					
	Phillip Morris Co. Stock			x							x								x								
	Wal-Mart Stores, Inc. Stock			x							x							x									
	First Charter Corporation Stock			x							x								x								
	Eastman Kodak Co. Stock			x							x								x								x
	Smallcap World Fund Stock			x							x								x								x
	Tyson Foods, Inc. "A" Stock			x							x							x									x
	Metro Washington, D.C. 8% Airport Bonds		x										x						x								
	House, 1065 North Main Street,																										
	Arlington, VA					x						x										x					
	Kemper Tax Exempt Insured Income Trust			x							x									x							
	Mutual Benefit Theatre Partners III			x													Partnership Inc.	x									x
	Fidelity Capital Appreciation Fund			x													SEP-IRA Retirement	x									

Reporting Individual's Name
W. G. (Bill) Hefner

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	General Electric Company Common Stock	x			11-21-90		x					
	Fidelity Municipal Bond Fund		x		Var-1990		x					
	Food Lion "B" Stock		x		Var-1990				x			
	Putnam Tax Free Insured Fund		x		4-12-90		x					
	Smallcap World Fund, Inc.	x			4-24-90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Fleet Real Estate Funding Corp. Florence, SC	Mortgage on 1065 North Main Street, Arlington, VA			x				
	First Charter National Bank Concord, NC	Unsecured note payable due 4/5/91		x					

Reporting Individual's Name

W. G. (Bill) Hefner

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Tyson Foods, Inc. "A" Stock	x			6-27-90		x					
	Eastman Kodak Co. Common Stock	x			7-11-90		x					
	Mutual Benefit Theatre Partners, III	x			4-26-90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
W. G. (Bill) Hefner

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
Kemper Open Pro-Am, McLean, VA	Champagne flutes, shirt, sweater, rain suit and group picture	200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Southern Bell	May 20-21, 1990	Air travel from Charlotte, NC to Washington, DC, automobile rental, one night's lodging	
City of Las Vegas	Aug. 14, 1990	Roundtrip air travel from Washington, DC, to Las Vegas, Nevada	
A T & T	April 17-18, 1990	Roundtrip air travel from Washington, DC, to Greensboro, NC	
*Arkansas Poultry Fed.	Feb.22	Airfare & necessary expenses provided by sponsor.	
*Corning Glass Works	Mar.10	Airfare & necessary expenses provided by sponsor.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
W. G. (Bill) Hefner

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Limited Partner	Mutual Benefit Theatre Partners, III

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
W. G. Bill Hefner

DATE (Month, Day, Year)
May 14, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 JUL -8 AM 9:23

INSIDE MAIL

MC (Office Use Only) ⑧

W. G. (Bill) Hefner
(Full Name)

2161 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: NC District: Eighth	☐ Officer or Employee — Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Long & Foster Real Estate	Spouse commissions	N/A	
	Arkansas Poultry Federation (Feb. 22, 1990)	Executive meeting	2,000	
	Corning Glass Works (Mar. 16, 1990)	Public policy conference	500	
	Southern Bell (Apr. 9, 1990)	Executive meeting	2,000	
	RJR Nabisco (June 5, 1990)	Honorarium	2,000	
	Smokeless Tobacco Council, Inc. (June 15, 1990)	Executive luncheon	1,000	
	Distilled Spirits Council (June 21, 1990)	Legislative breakfast	2,000	
	Phillip Morris Management Corp. (July 11, 1990)	Legislative meeting	2,000	
	City of Las Vegas (Aug. 14, 1990)	Legislative overview	750	
	Hecht, Spencer & Associates, Inc. (Oct. 26, 1990)	Executive briefing	1,000	

For additional earned income, use next page

Reporting Individual's Name

W. G. (Bill) Hefner

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
A T & T (Nov. 26, 1990)	Legislative meeting	2,000	
E-Systems, Inc. (Dec. 11, 1990)	Legislative overview	2,000	

Reporting Individual's Name
W. G. (Bill) Hefner

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	192 Main Street, Dover, Delaware				X							X								X							
	Fidelity Municipal Bond Fund				X						X											X					X
	Food Lion "B" Stock			X							X									X							X
	Putnam Tax Free Insured Fund							X			X												X				X
	Nestle's "A" - ADR			X							X								X								
	General Electric Co. Stock			X							X							X									X
	Harcourt, Bruce, Jovanovich, Inc.Stock	x																X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Occidental Petroleum Stock				x						x											x					
	Phillip Morris Co. Stock			x							x								x								
	Wal-Mart Stores, Inc. Stock			x							x							x									
	First Charter Corporation Stock			x							x								x								
	Eastman Kodak Co. Stock			x							x								x								x
	Smallcap World Fund Stock			x							x								x								x
	Tyson Foods, Inc. "A" Stock			x							x							x									x
	Metro Washington, D.C. 8% Airport Bonds		x										x						x								
	House, 1065 North Main Street,																										
	Arlington, VA					x						x										x					
	Kemper Tax Exempt Insured Income Trust			x							x									x							
	Mutual Benefit Theatre Partners III			x													Partner-ship Inc.	x									x
	Fidelity Capital Appreciation Fund			x													SEP-IRA Retirement	x									

1778

Reporting Individual's Name

W. G. (Bill) Hefner

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	General Electric Company Common Stock	x			11-21-90		x					
	Fidelity Municipal Bond Fund		x		Var-1990		x					
	Food Lion "B" Stock		x		Var-1990				x			
	Putnam Tax Free Insured Fund		x		4-12-90		x					
	Smallcap World Fund, Inc.	x			4-24-90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Fleet Real Estate Funding Corp. Florence, SC	Mortgage on 1065 North Main Street, Arlington, VA			x				
	First Charter National Bank Concord, NC	Unsecured note payable due 4/5/91		x					

(Continued)-1

Reporting Individual's Name

W. G. (Bill) Hefner

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Tyson Foods, Inc. "A" Stock	x			6-27-90		x					
	Eastman Kodak Co. Common Stock	x			7-11-90		x					
	Mutual Benefit Theatre Partners, III	x			4-26-90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

(Concluded)-2

Reporting Individual's Name
W. G. (Bill) Hefner

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Pro-Am, McLean, VA	Champagne flutes, shirt, sweater, rain suit and group picture	200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Southern Bell	May 20-21, 1990	Air travel from Charlotte, NC to Washington, DC, automobile rental, one night's lodging	
City of Las Vegas	Aug. 14, 1990	Roundtrip air travel from Washington, DC, to Las Vegas, Nevada	
A T & T	Apr. 17-18, 1990	Roundtrip air travel from Washington, DC, to Greensboro, NC	
Arkansas Poultry Federation	Feb. 22-23, 1990	Roundtrip air travel from Washington, DC, to Fayetteville, Arkansas, one day's food and lodging provided by sponsor	
Corning Glass Works	Mar. 9-11, 1990	Roundtrip air travel from Washington, DC, to Augusta, GA, 2 day's food and lodging provided by sponsor	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
W. G. (Bill) Hefner

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Limited Partner	Mutual Benefit Threatre Partners, III

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL W. G. (Bill) Hefner	**DATE (Month, Day, Year)** May 31, 1991

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990	FORM A For use by Members, officers, and employees

RECEIVED
1991 MAY -1 PM 1:32
HAND DELIVERED
U.S. HOUSE OF REPRESENTATIVES

PAUL B. HENRY
(Full Name)

190 Robinwood Lane, S. E. Grand Rapids, Michigan 49506
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: MI District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	X
	XYZ Magazine (Aug. 13, 1990)	Article	$600	
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Butterworth Hospital, Grand Rapids, MI	spouse salary	NA	
	National Stone Association, Wash, D. C. (4.25.90)	speech	$1,000	X

For additional earned income, use next page

Reporting Individual's Name
Paul B. Henry

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S., DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			deferred compensation, State of MI		X										X							X							
			savings & checking accnt. in aggregate		X										X						X								
			Sgt. at Arms/US House of Rep. Michigan National Bank																										
			Wright Patman FEd. CU																										

For additional assets and unearned income, use next page

PART VII "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

1. 1/4/90 - 1/12/90 commercial airplane travel for Member round-trip from Grand Rapids, MI to Taipei, Taiwan. All lodging and meals in connection with fact-finding trip. hosted by Suchow University.

2. 3/23/90 - 3/25/90 lodging and meals for Member and spouse at Charlottesville, VA to participate in "A National Leadership Project on Economics and Politics in the 1990's". Hager-Sharp was conference manager.

3. 4/5/90 - 4/9/90 commercial round-trip airplane travel for Member and spouse Grand Rapids, MI to Heathrow, England. lodging and meals to participate in American/British Parliamentary Conference sponsored by Fairleigh-Dickinson University.

4. 11/10/90 - 11/18/90 commercial round-trip airplane travel for Member and spouse Newark, NJ. - Frankfurt, Germany. motor coach to Prague, Czechoslovakia. lodging and meals to participate in Ripon Educational Fund Eighth Transatlantic Conference.

Reporting Individual's Name
Paul B. Henry

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Paul B. Henry

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
see attached itinerary				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Paul B. Henry

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization
Member of Board	Econimic Club of Grand Rapids, MI

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1.3.85	State of Michigan	coverage for health, life insurance, vested retirement per Michigan State law
12.31.75	TIAA/CREF Calvin College	retirement annuity payout at age 65

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Paul B Henry	DATE (Month, Day, Year) 5/2/91

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 4:05
U.S. HOUSE OF REPRESENTATIVES

WALTER WILLIAM HERGER, JR.
(Full Name)

7115 GALGATE DRIVE
(Mailing Address)

SPRINGFIELD, VA 22152

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 2nd ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

HAND DELIVERED

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Phillip Morris (12-89, paid & credit to 1990)	Honoraria	$1,000	X
	Chicago Board of Trade (2-26-90)	Honoraria	$ 750	X
	Chicago Mercantile Exchange (2-26-90)	Honoraria	$ 750	X
	The Connell Company (4-30-90)	Honoraria	$2,000	X
	Marine Engineers Beneficial Assoc.II (5-24-90)	Honoraria	$2,000	X
	Klamath Alliance for Resources & Environment (7-14-90)	Honoraria	$1,000	X
	American President Lines (12-20-90)	Honoraria	$1,000	X

For additional earned income, use next page

Reporting Individual's Name
HERGER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Rental House, Rio Oso, CA				X							X										X					
			Herger Ranch, Rio Oso, CA							X			X												X				
			Herger Gas, Inc., Rio Oso, CA							X			X											X					
			Montrose Barber Invest., Sacramento, CA			X										X				X									
			Savings - Congr. Credit Union		X										X						X								
			Savings - Feather River St. Bank Marysville, CA		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
HERGER

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	IRA - Shearson, Lehman		X								X								X								

Reporting Individual's Name
HERGER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
HERGER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Chicago Bd. of Trade & Chicago Mercantile Exchange	2-26-90	Rdtrip. Air from WDC to Chicago, Lunch	
The Connell Company	4-30-90	Rdtrip. Air from WDC to New York, Lunch	
Klamath Alliance for Resources	7-14-90	Rdtrip. Air from WDC to Redding, CA, Lodging, Food & Entertainment, Self & Spouse, 4 days, 3 nights	
Nat'l Agricultural Chemicals	9-28-90	Rdtrip. Air from WDC to West Va, Lodging, Food & Entertainment, Self & Spouse, 3 days, 2 nights	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
HERGER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Herger Gas, Inc. (Propane Gas Distribution)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Wally Herger

DATE (Month, Day, Year)
May 14, 1991

GPO 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Dennis M. Hertel
(Full Name)

2442 Rayburn Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Michigan District: 14	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

1991 MAY 15 PM 12:41
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	District 2 MEBA-AMD (2/21/90)	Honorarium	$2000	
	AFL-CIO (2/15/90)	Honorarium	$1500	
	KMS Fusion (3/16/90)	Honorarium	$2000	
	Textron (3/9/90)	Honorarium	$1000	
	Sikorski Aircraft (3/26/90)	Honorarium	$1000	
	Shipbuilders Council (4/10/90)	Honorarium	$1000	
	Harris Corporation (6/27/90)	Honorarium	$1000	
	AT&T (5/22/90)	Honorarium	$2000	
	Hand Therapy Services Inc. (9/7/90)	Honorarium	$2000	
	Hand Therapy Services Inc. (11/5/90)	Honorarium	$1000	

For additional earned income, use next page

Reporting Individual's Name
Dennis M. Hertel

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Dykema Gossett (12/8/90)	Honorarium	$2000	
United States Telephone Association (12/28/90)	Honorarium	$1000	
Gannett Outdoor Co. (12/31/90)	Honorarium	$1000	
Adams Outdoor Advertising (12/31/90)	Honorarium	$500	
OCI Corporation (12/31/90)	Honorarium	$500	

Reporting Individual's Name
Dennis M. Hertel

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Wright Patman Congressional Fed. C/U		X										X						X								
		Condominium unit in Haslett, MI (on Maple Ridge Road)			X								X									X						

For additional assets and unearned income, use next page

1797

Reporting Individual's Name
Dennis M. Hertel

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Empire of America, Detroit, MI	Mortgate on condominium unit in Haslett, MI (on Maple Ridge Road)		X					

Reporting Individual's Name
Dennis M. Hertel

PART VI–TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Seafarers International Union		2/11/90- 2/18/90	Roundtrip travel from Wash., D.C. to Ft. Lauderdale, FL for self, 3 days food and lodging for self and spouse.	
Textron		3/9/90	Roundtrip travel from Wash., D.C. to Stratford, CT and food.	
Sikorski Aircraft		3/26/90	Roundtrip travel from Wash., D.C. to Stratford, CT and food.	
Electronics Industry Association		4/9/90- 4/12/90	Roundtrip travel from Wash., D.C. to Ft. Meyer, FL, three days food and lodging for self and spouse.	
Dykema Gossett		12/7/90- 12/9/90	Roundtrip travel from Wash., D.C. to Toronto, Canada, two days food and lodging for self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Dennis M. Hertel

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	Cystic Fibrosis Foundation, Metropolitan Detroit Chapter
Member, Board of Visitors	Oakland University School of Nursing
Member,	Cub Scout Pack Committee

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1991

GPO 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1980

FORM A
For use by Members, officers, and employees

1981 JUN 17 PM 1:10

U.S. H [illegible]

HAND DELIVERED

⑬

MC
(Office Use Only)

Peter J. Hoagland
(Full Name)

1415 Longworth House Office Building
Washington D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Nebraska District: 2	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1980)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1980)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Law Offices of Peter Hoagland - See Addendum A	Legal Fees		

For additional earned income, use next page

Reporting Individual's Name

Peter J. Hoagland

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Fidelity Cash Reserves				x						x								x								
		Fidelity Flexible Bond Fund (Keogh)	x											x								x						x
		Fidelity High Income Fund (Keogh)	x											x						x								x
		Norwest Money Market Savings			x									x						x								
		Carpenter Cottage Corp (See Addendum B)					x											N/A	x									
		Hoagland Family P-ship (See Addendum C)	x									x	x	x							x							x

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Peter J. Hoagland

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Fidelity High Income Fund (IRA)		x										x						x								
	Fidelity Flexible Bond Fund (Spousal IRA)		x										x						x								
	Congressional Federal Credit Union		x										x					x									
	Sergeant at Arms, US House of Representatives	x															N/A	x									
	Vanguard Fixed Income Securities Fund (Keogh)					x							x									x					
	Loan to Hoagland for Congress Committee					x							x					x									
	N/A - Not Applicable																										

Reporting Individual's Name

Peter J. Hoagland

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Hoagland Family Partnership		x		12-27-90			x				
	See Addendum D	x	x			(See Addendum D)						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Norwest Bank, Omaha, NE	Personal Compaigne debt		x					

Reporting Individual's Name
Peter J. Hoagland

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

ADDENDUM A

Part I - Earned Income - 1990

The amounts shown represents gross fees from the operation of the Law Office of the Peter Hoagland in Omaha, Nebraska. The net income figure represents gross fees less operating expenses. Operating expenses do not include any amounts disbursed to Peter Hoagland.

	GROSS FEES	EXPENSES	NET FEES
Fees for pre-1989 services for cases started prior to 1989 and completed solely by other attorneys in 1990	$11,833	$9,201	$2,632
Fees received in 1990 for cases started prior to 1989 and completed by Peter Hoagland and other attorneys in 1990:			
A) Fees for pre-1989 services	23,494	18,699	4,795
B) Fees for 1989 services	1,250	890	360
C) Fees for 1990 services	1,250	890	360

ADDENDUM B

The sole assets of the Carpenter Cottage Corporation consist of a cottage and land at Omaha Beach, Lake Okoboji, Iowa. I own a percentage share of the corporation with other family members.

ADDENDUM C

The Hoagland Family Partnership is a partnership consisting of members of the Hoagland family formed for the purpose of investing funds in the stock and bond markets. The partnership is located in Omaha, Nebraska. My interest in the partnership was sold in 1990.

ADDENDUM D

Part IV - Transactions

The following transactions occurred through my interest in the Hoagland Family Partnership. The security transactions cost and sales price are my share of the partnership for 1990 while shares or par value in the description are total for the partnership's transaction.

DESCRIPTION	PURCHASE DATE	COST	SALE DATE	SALES PRICE
Purchased 4,000 shs Affiliated Bankshares Col, Inc.	5/17/90	A		
Purchased 700 shs American General Corp	7/11/90	A		
Purchased 1,600 shs Baker Hughs, Inc.	6/8/90	A		
Purchased 3,000 shs Condor Services, Inc	2/21/90	A		
Purchased 3,000 shs Condor Services, Inc	4/30/90	A		
Purchased 6,100 shs Eastchester Financial Corp	04/19/90	A		
Purchased 2,534 shs First of America Bank Corp	03/28/90	A		
Purchased 5,000 shs Geneva Steel Class A	10/24/90	A		
Purchased 1,500 shs MCI Communications Corp	11/13/90	A		
Purchased 4,500 shs Micro Com, Inc	6/14/90	A		
Recieved 2,400 shs Oregon Steel Mills, Inc 2-1 stock split	10/10/90	n/a		

ADDENDUM D

Part IV - Transactions (con't)

Purchased 600 shs Oregon Steel Mills, Inc	08/22/90	A		
Purchased 400 shs Phillip Morris Companies, Inc	5/24/90	A		
Purchased 10,000 shs Telematics Int'l, Inc	10/11/90	A		
Purchased 3,000 shs Val National Corp	11/26/90	A		
Purchased 600 shs Weatherford Inc., Pfd Stock	11/16/90	A		
Purchased 1,000 shs Weatherford Inc., Pfd Stock	10/25/90	A		
Purchased $40,000 RJR Nabisco Holdings Corp Debent	01/17/90	A		
Purchased $40,000 RJR Nabisco Holdings Corp Debent	01/24/90	A		
Purchased $50,000 Puerto Rico Housing Finance Corp Revenue Bond	4/23/90	A		
Exchanged 935 shs Florida National for 507.24 shs First Union Corp	01/30/90	n/a		
Exchanged 3,000 shs First Pennsylvania Corp for 1,204.5 shs Corestates Financial Corp	03/05/90	n/a		
Sold 1,065 shs of Florida National Banks, Inc	11/21/89	A	01/30/90	A
Sold .24 shs First Union Corp	11/21/89	A	02/08/90	A
Sold 800 shs Great Northern NeKoosa Corp	12/13/89	A	03/12/90	A

ADDENDUM D

Part IV - Transactions (con't)

Sold 507 shs First Union Corp	11/21/89	A	05/23/90	A
Sold $40,000 RJR Nabisco Holdings Corp Debent	01/17/90	A	08/10/90	A
Sold $40,000 RJR Nabisco Holdings Corp Debent	01/24/90	A	08/10/90	A
Sold 600 shs Oregon Steel Mills, Inc.	08/22/90	A	09/19/90	A
Sold 2,534 shs First of America Bank Corp	03/28/90	A	09/28/90	A
Sold .80 shs First of America Bank Corp	03/28/90	A	10/15/90	A
Sold 1,600 shs Eastchester Financial Corp	04/19/90	A	10/18/90	A
Sold 700 shs American General Corp	07/11/90	A	12/27/90	A
Sold 200 shs Northeast Bancorp, Inc.	08/19/88	A	02/15/90	A
Sold 500 shs Northeast Bancorp, Inc.	08/19/88	A	03/15/90	A
Sold .5 shs Corestates Financial Corp	02/07/89	A	03/19/90	A
Called $25,000 Missouri State Housing Development Revenue Bond	12/15/86	A	04/03/90	A
Sold $50,000 Private Colleges and Universities Facilities Rev Bond	03/06/86	A	04/23/90	A
Sold 2,000 shs Mellon Bank Corp	12/22/88	A	05/02/90	A

ADDENDUM D

Part IV - Transactions (con't)

Sold 600 shs Oregon Steel Mills	04/05/89	A	05/02/90	A
Sold 1,204 shs Corestates Financial Corp	02/07/89	A	05/17/90	A
Sold 800 shs American Telephone & Telegraph	02/19/88	A	07/31/90	A
Sold 2,500 shs Masco Corp	11/04/87	A	09/20/90	A
Sold 400 shs Masco Corp	04/21/89	A	09/20/90	A
Sold 1,800 shs Oregon Steel Mills	10/05/88	A	10/24/90	A
Sold 800 shs Oregon Steel Mills	04/05/89	A	10/24/90	A
Sold 1,400 shs American Telephone & Telegraph	02/19/88	A	11/15/90	A
Sold 2,700 shs Pioneer Financial Serv, Inc.	03/20/89	A	11/16/90	A
Sold 300 shs Pioneer Financial Serv, Inc.	03/22/89	A	11/16/90	A
Sold 1,300 shs NCNB Corp	07/10/89	A	11/16/90	A

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Proprietor	Law Offices of Peter Hoagland
Member	House of Delegates of the Nebraska Bar Association
Partner	Hoagland Family Partnership

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1975, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	June 17, 1991

GPO 1991 37-389 (m)

Deloitte & Touche ([illegible])
2900 First National Center, Omaha, NE 68102

6/12/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 9 41
U.S. H[illegible] REPRESENTATIVES

HAND DELIVERED

David L. Hobson
(Full Name)

1338 Longworth Building
(Mailing Address)
Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives State: Ohio District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 11

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State of Ohio (Senate President Pro Tempore)	Wage	54,161	
	Republic Oil (Resigned Directorship in 1990)	Director Fee	700	
	Cooker Restaurant Corp, Columbus OH (Fees for 1990 only)	Director Fee	5,250	
	Financial Land Corp, Columbus OH (Fees for 1990 only)	Director Fee	500	
	*Western Ohio Health Care (October 19, 1990)	Honorarium/Speech	500	
	*University of Cincinnati Foundation (May 29, 1990)	Honorarium/Speech	400	
	*NOTE: Honoraria received while State Senator			

For additional earned income, use next page

David L. Hobson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Retirement Resources, Inc., Springfield Note Receivable			X									X							X							
	Fujiyama Indianapolis (Restaurant) Note Receivable						X						X										X				
	Security Banc Corp, Springfield (Stock)				X						X									X							
	Kemper Tech Fund (Mutual Fund)													X					X								
				X							X								X								
	Ramada Inn/Parke Hotel Note Receivable					X							X									X					
	Fujiyama Columbus (Restaurant) Business Assets						X										gross receipts/ net loss **								X		**

For additional assets and unearned income, use next page

**See Page A-2(d)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

David L. Hobson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D	
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)	
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000		
	Society National Bank, Springfield				X								X									X						
	Fujiyama International Inc (Stock)					X												X										
	Fujiyama Indianapolis Business Assets (Restaurant)						X										gross receipts/ net loss **								X			**
	Nineteen Thirty S Limestone Ptnrshp												X				Rental via	X										
	1930 S Limestone Comm. Rental					X						X					Ptnrshp **				X							**
	Cablevision of Baton Rouge Limited Partnership Investment			X														X										
	Int'l Basic Resources Inc (Stock)		X															X										
	Republic Oil (Stock)		X								X							X										
	Retirement Resources Inc (Stock)			X														X										
	Leader-Int in Oil Well Partnerships		X														Partnership Distribution		X									
	Delaware Group (Mutual Fund)		X								X							X										
	Bonds Held in Society Bank Grantor Trust(David L.Hobson Trust):																											
	Marietta GA Housing Bond			X									X								X							
	Clermont County OH Hosp Bond			X									X						X									
	Hamilton County OH Health Bond				X								X								X							
	Ohio State Building Bond				X								X							X								
	Wright State University OH Bond			X									X							X								

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**See Page A-2(d)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

David L. Hobson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D	
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)											
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)	
	Society Money Market Fund		X										X						X									
	185-Acre Farm, Allensville, Ohio			X								X					Rental via P'ship	X										
	721 E High St Spfld (Res. Rental)					X						X					Net Loss **						X					**
	5+ Unimproved Acres Emerson Avenue, Indianapolis					X											None											
	3.1 Acres Cleveland Ave - Columbus (Vacant Lots)					X											None											
	Grandview Storage Associates 4.5 Acres, Urlin Avenue, Columbus							X				X					Net Loss **											**
	Eagle City Rd Springfield (Vacant Lot)			X													Net Loss **		X									**
	Salem-Olive Associates (Partnership)												X				Net		X									
	Olive Rd Dayton (Building & Ground)					X						X					Loss **											**
	G & H Trucking (Sole Proprietorship)		X														Snow Removal		X									
	Assets in IRA & Retirement Funds Requiring Individual Disclosures:																											
	Advest Acct. 161-48652																											
	National Gas & Oil		X								X								X									
	Proctor & Gamble		X								X							X									X	
	First Franklin Corp		X								X								X									
	Phillip Morris Inc		X								X							X									X	
	The Limited, Inc		X								X							X										
	Ohio Edison		X								X							X									X	
	Society Corp		X								X							X									X	
	Advest Money Mkt #0051884997	X											X					X										

**See Page A-2(d)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

David L. Hobson

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)	
	Advest Acct. 163-53617 (Stocks)																											
	Financial Land Corp (Stock)		X								X							X										
	First Franklin Corp (Stock)		X								X							X										
	The Limited Inc (Stock)		X								X							X										
	Airborne Freight Corp (Stock)		X								X							X									X	
	Ohio Public Employee Retirement Fund			X													None											
	Avon (Stock)		X								X							X										
	Union Electric (Stock)		X								X								X									
	Cooker Restaurant Corp (Stock)					X					X							X										
	Fidelity Investment Advisors, Inc. (Stock)		X								X							X										
	Financial Land Corp (Stock)				X						X							X										
	IBM (Stock)		X								X							X										
	Proctor & Gamble (Stock)		X								X							X										
	I-FOUR 2141 N. Limestone, Springfield Limited Investment-Ground Only			X								X					Net Loss **				X							**
	I-FOUR 2214 N. Limestone, Springfield Limited Investment - Ground Only			X								X					Net Loss **				X							**

Financial Disclosure A-2(c)

**See Page A-2(d)

Hon. David L. Hobson
Financial Disclosure Statement

Note regarding certain assets and "unearned" income:

Amounts of income for assets marked with an asterisk ("**") are gross receipts for the partnerships.

David Hobson receives no income or cash distributions from these entities.

With the following exception, these entities operate at net losses after all operating expenses are taken in account.

Entity	Net Income Category
Nineteen Thirty South Limestone	III

Reporting Individual's Name

David L. Hobson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	over
	Example: ABC Corporation Common Stock		X			10-12-80			X				
	Stock - Ohio Edison	(Purchase Made Within Advest Retirement Account 161-48652)	X			5-4-90	X						
	Stock - Proctor & Gamble	(" " ")	X			8-10-90	X						
	Stock - Society Corp	(" " ")	X			7-10-90	X						
	Stock - Phillip Morris	(" " ")		X		7-2-90	X						
	Stock - Airborne Freight	(Purchase Made Within Advest Retirement Account 163-53617)	X			8-10-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	See Attached								

DAVID L. HOBSON
FINANCIAL DISCLOSURE

LIABILITIES

LIABILITY VALUATION CATEGORIES:
B - $10,001 - 15,100
C - $15,001 - 50,000
D - $50,001 - 100,000
E - $100,001 - 250,000
F - $250,001 - 500,000
G - $500,001 - 1,000,000
H - over $1,000,001

CREDITOR	TYPE OF LIABILITY	B	C	D	E	F	G	H	
SOCIETY NATIONAL BANK	NOTE SECURED BY STOCK			X					
HUNTINGTON NATIONAL BANK	UNSECURED PERSONAL NOTE		X						
HUNTINGTON NATIONAL BANK	MORTGAGE ON 2141 N.LIMESTONE, SPRINGFIELD		X						
HUNTINGTON NATIONAL BANK	MORTGAGE ON 2214 N.LIMESTONE, SPRINGFIELD		X						
HUNTINGTON NATIONAL BANK	SIGNATURE NOTE		X						PD OFF - '90
CAROL FRANTZ	LAND CONTRACT/721 E.HIGH, SPRINGFIELD			X					
VINTON COUNTY BANK	MORTGAGE ON 185 ACRE FARM, ALLENSVILLE		X						
UNION STATE BANK, INDIANAPOLIS	MORTGAGE ON EMERSON AVE VACANT LAND, INDPLS	X							PD OFF - '90
WATERFIELD MT. COMPANY - FUJIYAMA INDIANAPOLIS	MORTGAGE ON FUJIYAMA RESTAURANT,INDPLS.				X				PD OFF - '90
HOME SAVINGS OF CALIF. FUJIYAMA COLUMBUS	MORTGAGE ON FUJIYAMA RESTAURANT, COLUMBUS					X			
STAR BANK OF CENTRAL OHIO	MORTGAGE ON WAREHOUSE,URLIN AVE.,COLUMBUS					X			
HOME CITY SAVINGS, SPRINGFIELD	MORTGAGE ON 1930 S.LIMESTONE, SPRINGFIELD			X					
FIFTH THIRD BANK OF COLUMBUS	NOTE SECURED BY STOCK	X							
SOCIETY OF DAYTON FUJIYAMA OPERATING LOAN	2ND MORTGAGE ON FUJIYAMA RESTAURANT, INDIANAPOLIS			X					PD OFF - '90
TOM VEREEN	MORTGAGE ON EAGLE CITY ROAD LOT, SPRINGFIELD		X						
BANK ONE DAYTON - SALEM OLIVE	MORTGAGE ON OLIVE ROAD, DAYTON			X					
FIDELITY INVEST. ADV - FUJIYAMA OPERATING LOAN	BUSINESS NOTE SECURED BY INVESTMENTS			X					PD OFF - '90
FINANCIAL LAND CORP	2ND MORTGAGE ON URLIN AVE, COLUMBUS				X				
SOCIETY BANK	MORTGAGE ON FUJIYAMA RESTAURANT, INDPLS				X				
BANK ONE	REVOLVING LINE OF CREDIT		X						
HUNTINGTON NATIONAL BANK	MORTGAGE ON 3.1 ACRES, COLUMBUS			X					
SOCIETY BANK	PERSONAL GUARANTEE OF FIDELITY INVESTMENT ADVISOR'S BUSINESS NOTE				X				PD OFF - '91
FINANCIAL LAND CORP	PERSONAL NOTE SECURED BY INVESTMENT	X							

Financial Disclosure A-3(a)

David L. Hobson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
David L. Hobson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
See Attached	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1982-Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David L Hobson	DATE (Month, Day, Year) 5-14-91

DAVID L. HOBSON
FINANCIAL DISCLOSURE

POSITIONS

POSITION	NAME OF ORGANIZATION
TRUSTEE	WILBERFORCE UNIVERSITY
TRUSTEE	URBANA UNIVERSITY
DIRECTOR	FINANCIAL LAND CORP.
DIRECTOR - RESIGNED '90	REPUBLIC OIL
DIRECTOR	COOKER RESTAURANT CORP
DIRECTOR	RETIREMENT RESOURCES, INC.
PARTNER	LEADER OIL WELL LIMITED PARTNERSHIP INTERESTS
PARTNER	I-FOUR 2214 N. Limestone, Springfield
PARTNER	I-FOUR 2141 N. LIMESTONE, Spfld (Commercial Rental)
PARTNER	FARM, VINTON CO, OHIO
PARTNER	FUJIYAMA RESTAURANT. - COLUMBUS
PARTNER	FUJIYAMA RESTAURANT - INDIANAPOLIS
PARTNER	HIGH STREET PARTNERSHIP, Springfield
PARTNER	NINETEEN THIRTY SOUTH LIMESTONE, Springfield
PARTNER	SALEM-OLIVE ASSOCIATES, Dayton
PARTNER	HOBSON, KAFFENBARGER, NOONAN Eagle City Road, Springfield (Land)
PARTNER	GRANDVIEW STORAGE ASSOCIATES, Columbus
SOLE PROPRIETOR	DAVID L. HOBSON PROFESSIONAL CONSULTANT SERVICES (1990 ONLY)
PROPRIETOR	G & H TRUCKING, SPRINGFIELD (1990 ONLY)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 6:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

GEORGE J. HOCHBRUECKNER
(Full Name)
1 WYCOMB PLACE
CORAM, NEW YORK 11727
(Mailing Address)

Filer Status	☑ Member of the U.S. House of Representatives State: NEW YORK District: 1	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	AFCEA ASSOCIATION (JANUARY 25, 1990)	SPEECH	$1,000	
	MARQUARDT CO. (FEBRUARY 12, 1990)	SPEECH	$2.000	
	ROCKWELL INTERNATIONAL (FEBRUARY 13, 1990)	SPEECH	$2,000	
	GENERAL ATOMICS (FEBRUARY 21, 1990)	SPEECH	$2,000	
	NORTHROP CORP. (MARCH 2, 1990)	SPEECH	$2,000	X
	LTV AEROSPACE + DEFENSE CO. (MARCH 20, 1990)	SPEECH	$2,000	
	HUGHES AIRCRAFT CO. (MARCH 26, 1990)	SPEECH	$2,000	
	BELL HELICOPTER-TEXTRON (APRIL 16, 1990)	SPEECH	$2.000	
	SHEET METAL + AIR CONDITIONING CONTRACTORS NAT. ASSOC. (MAY 18, 1990)	SPEECH	$1,000	
	HARRIS CORP. (JUNE 8, 1990)	SPEECH	$1,000	

For additional earned income, use next page

Financial Disclosure A-1

1 of 7

Reporting Individual's Name

G. HOCHBRUECKNER

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
E.I DU PONT CO. (JUNE 19, 1990)	SPEECH	$ 1,000	
ELECTRONIC INDUSTRIES ASSOC. (SEPTEMBER 24, 1990)	SPEECH	$ 1,000	
SHIPBUILDERS COUNCIL OF AMER. (OCTOBER 10, 1990)	SPEECH	$ 1,000	
GENERAL INSTRUMENT CORP. (OCTOBER 16, 1990)	SPEECH	$ 2,000	
SOLID WASTE COMPOSTING COUNCIL (NOVEMBER 16, 1990)	SPEECH	$ 2,000	
E.I. DUPONT CO. (NOVEMBER 21, 1990)	JUDGING FOR ENVIRONMENTAL AWARDS	$ 1,000	
AMERICAN INTERNATIONAL GROUP (DECEMBER 12, 1990)	SPEECH	$ 2,000	

2 of 7

Reporting Individual's Name
G. HOCHBRUECKNER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			REAL ESTATE 1/3 ACRE UNIMPROVED & CALIFORNIA CITY, CALIF.		X																								
			WRIGHT PATMAN CREDIT UNION IRA – GEORGE HOCHBRUECKNER		X																								
			WRIGHT PATMAN CREDIT UNION IRA – CAROL ANN HOCHBRUECKNER		X																								

For additional assets and unearned income, use next page

Reporting Individual's Name
G. HOCHBRUECKNER

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	NONE											

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	WRIGHT PATMAN FEDERAL CREDIT UNION	PERSONAL LOAN	X						

Reporting Individual's Name
G. HOCHBRUECKNER

PART VI–TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SUCHOW UNIVERSITY, TAIWAN		JANUARY 1-12, 1990	COMMERCIAL AIRLINE TRAVEL FOR MEMBER AND SPOUSE ROUND TRIP NEW YORK TO TAIWAN, ALL MEALS + LODGINGS - FACT FINDING TRIP	
AFCEA - ARMED FORCES COMM. + ELECTRONICS ASSOCIATION		JANUARY 18, 1990	ROUND TRIP AIR FROM LONG ISLAND, NEW YORK TO SYRACUSE NEW YORK. 1 DAY FOOD, NO LODGING.	
GENERAL ATOMICS, MARQUARDT, ROCKWELL + NORTHROP (EQUALLY SHARED)		FEBRUARY 8-13, 1990	AIR TRAVEL - WASH. DC TO SAN DIEGO, LOS ANGELES TO NEW YORK (JFK) 5 DAYS FOOD + LODGING + CAR RENTAL	
HUGHES, LTV + BELL TEXTRON (EQUALLY SHARED)		MARCH 1-5, 1990	AIR TRAVEL - WASH D.C. TO LOS ANGELES, LOS ANGELES TO DALLAS, TX TO WASH. D.C. - 4 DAYS FOOD + LODGING + CAR RENTAL	
HARRIS CORP. + MARTIN MARIETTA (EQUALLY SHARED)		JUNE 7-8, 1990	AIR TRAVEL - WASH DC TO MELBOURNE, FLA., ORLANDO TO ISLIP, NEW YORK. 1 DAYS FOOD + LODGING	

(SEE ADDENDUM)

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

5 OF 7

GEORGE HOCHBRUECKNER

PART VII - REIMBURSEMENTS + GIFTS OF TRANSPORTATION, LODGING, FOOD + ENTERTAINMENT (CONTINUED)

SOURCE	DATES	DESCRIPTION
DUPONT	JUNE 5, 1990	LUNCH - DURING VISIT AT WILMINGTON, DELAWARE
ELECTRONIC IND. ASSOC	AUGUST 29, 1990	DINNER - DURING VISIT IN NEWYORK CITY, SELF + SPOUSE
SHIPBUILDERS COUNCIL OF AMER.	OCTOBER 3, 1990	DINNER - WASH D.C.
AMERICAN INTERNATIONAL GROUP	NOVEMBER 19, 1990	LUNCH - DURING VISIT IN NEWYORK CITY.
SOLID WASTE COMPOSTING COUNCIL	NOVEMBER 16, 1990	LUNCH - WASH D.C.
DUPONT	DECEMBER 13-14, 1990	ROUND TRIP AIR TRAVEL ISLIP, NEWYORK - WASH. DC. 1 DAYS LODGING + MEALS.

6 OF 7

Reporting Individual's Name
G. HOCHBRUECKNER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☑

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☑

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL George J Hochbrueckner	DATE (Month, Day, Year) MAY 15, 1991

GPO: 1991 37-580 (M)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

RECEIVED

91 MAY 15 AM 8:22

Clyde C. Holloway
(Full Name)

1207 Longworth House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Louisiana District: 8th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

09 1991

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Chicago Mercantile Exchange (01-10-90)	Honorarium	$750.00	
	Chicago Board of Trade (01-10-90)	Honorarium	750.00	
	U.S. Telephone (12-10-90)	Honorarium	$1,000.00	
	AMOCO (01-24-90)	Honorarium	1,000.00	
	RJR Nabisco Washington, Inc. (09-27-90)	Honorarium	1,000.00	
	RJR Nabisco Washington, Inc. (12-12-90)	Honorarium	1,000.00	
	Phillip Morris Management corp. (12-27-90)	Honorarium	2,000.00	
	Plantscape-Alexandria, La.	Sale Property	1,976.00	
	Holloway's Nursery	Sale Property	(Loss)	

For additional earned income, use next page

Reporting Individual's Name

Clyde C. Holloway

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
JT	England Federal Credit Union		X										X							X							
JT	American Security Bank			X									X								X						
JT	Pelican Homestead Saving	X											X					X									
JT	Security First National Bank			X									X								X						
JT	Internal Revenue Service	X											X					X									
JT	Congressional Credit Union			X																X							

For additional assets and unearned income, use next page

Reporting Individual's Name

Clyde C. Holloway

Page 1 Of 2

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

Page 1 of 2

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Federal Land Bank	Mortgage			X				
JT	Security 1st National Bank	Mortgage		X					
JT	F D I C	Mortgage			X				
JT	Congressional Credit Union	Open		X					

Continued on Page 2

Reporting Individual's Name
Clyde C. Holloway

PART IV–TRANSACTIONS

. Page 2 of 2

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor Page 2 of 2	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	...Continued...								
JT	Hibernia National Bank	Mortgage				X			
JT	Farmer's Home Administration	Mortgage					X		

Reporting Individual's Name
Clyde C. Holloway

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Clyde C. Holloway

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Forest Hill Speedway, Inc. Forest Hill, La. 71430

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
N/A		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Clyde C Holloway	May 6, 1991

GPO 198[illegible] 37-566 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
1991 JUN 19 AM 7:39
U.S. HOUSE OF REPRESENTATIVES

7

JUN 12 1991
(Office Use Only)

MC

Clyde C. Holloway
(Full Name)

1207 Longworth House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Louisiana District: 8th	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Chicago Mercantile Exchange (01-10-90)	Honorarium	$750.00	
	Chicago Board of Trade (01-10-90)	Honorarium	750.00	
	U.S. Telephone (12-10-90)	Honorarium	$1,000.00	
	A M O C O (01-24-90)	Honorarium	1,000.00	
	RJR Nabisco Washington, Inc. (09-27-90)	Honorarium	1,000.00	
	RJR Nabisco Washington, Inc. (12-12-90)	Honorarium	1,000.00	
	Phillip Morris Management corp. (12-27-90)	Honorarium	2,000.00	
	Plantscape-Alexandria, La.	Sole Proprietorship	51,559.00 Gross 1,976.00 Profit	
	Holloway's Nursery	Sole Proprietorship	596,457.00 Gross (Loss)	

For additional earned income, use next page

Reporting Individual's Name
Clyde C. Holloway

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	162 Main Street, Dover, Delaware				X							X								X							
JT	England Federal Credit Union		X										X							X							
JT	American Security Bank			X									X								X						
JT	Pelican Homestead Saving	X											X					X									
JT	Security First National Bank			X									X								X						
JT	Internal Revenue Service	X											X					X									
JT	Congressional Credit Union			X																X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Clyde C. Holloway

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Federal Land Bank-Stock		x								x							x									
JT	Pan American Airline	x									x							x										
JT	Forest Hill Speedway, Inc.-Stock				x						x							x									
JT	199 Acres-Nursery					x											Sole Prop	X									
JT	Nursery, Plantscape, Inventory																										
	Building, & Equipment								x								Sole Prop	X									

Reporting Individual's Name

Clyde C. Holloway

Page 1 Of 2

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

Page 1 of 2

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Federal Land Bank	Mortgage-Nursery, Forest Hill			X				
JT	Security 1st National Bank	Mortgage-Nursery, Forest Hill		X					
JT	F D I C	Mortgage-Nursery, Forest Hill			X				
JT	Congressional Credit Union	Open		X					

Continued on Page 2

Reporting Individual's Name

Clyde C. Holloway

PART IV—TRANSACTIONS

Page 2 of 2

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor Page 2 of 2	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	...Continued...								
JT	Hibernia National Bank	Mortgage - Nursery, Forest Hill				X			
JT	Farmer's Home Administration	Mortgage - Nursery, Forest Hill					X		

Reporting Individual's Name
Clyde C. Holloway

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Clyde C. Holloway

PART VIII–POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Forest Hill Speedway, Inc. Forest Hill, La. 71430

PART IX–AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
N/A		

PART X–ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS–Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST–Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Clyde C Holloway	May 23, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 APR 30 PM 1:45
[illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

LARRY JONES HOPKINS
(Full Name)

2437 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Filer Status ☒ Member of the U.S. House of Representatives State: Kentucky District: Sixth ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Carolyn Hopkins, Color Consultant	Fees and Commissions	NA	
	Conagra (Jan. 10, 1990)	Honorarium	$2,000	
	Tobacco Institute (Jan. 20, 1990)	Honorarium	$2,000	
	The Marquardt Company (Jan. 18, 1990)	Honorarium	$2,000	
	Rockwell International (Jan. 18, 1990)	Honorarium	$2,000	
	Southeastern Poultry & Egg Assn. (Feb. 2, 1990)	Honorarium	$2,000	
	RJR/Nabisco (March 1, 1990)	Honorarium	$2,000	
	Bell Helicopter/Textron (March 2, 1990)	Honorarium	$2,000	
	E-Systems (March 2, 1990)	Honorarium	$2,000	
	Texas Instruments (March 16, 1990)	Honorarium	$2,000	

For additional earned income, use next page

Reporting Individual's Name

LARRY JONES HOPKINS

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Optic-Electronic Corp. (March 16, 1990)	Honorarium	$1,500	
AAI Corporation (March 23, 1990)	Honorarium	$2,000	
Del Webb Corporation (March 30, 1990)	Honorarium	$1,000	
Agri-Business Council of Arizona, Inc. (Apr. 2, 1990)	Honorarium	$2,000	
Philip Morris (April 3, 1990)	Honorarium	$2,000	
Ashland Oil (Mary 14, 1990)	Honorarium	$2,000	X
Smokeless Tobacco Council (May 17, 1990)	Honorarium	$1,000	X
DISCUS (May 23, 1990)	Honorarium	$2,000	X
U.S. Tobacco (October 10, 1990)	Honorarium	$2,000	X ($1,675)

Reporting Individual's Name

LARRY JONES HOPKINS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S. DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Growth Fund of America		X														IRA	X									
S	Growth Fund of America		X														IRA	X									
	Eastman Kodak Company Bond		X														IRA	X									X
S	Eastman Kodak Company Bond		X														IRA	X									X
	State of Kentucky Retirement		X								NONE																
	Hilliard Lyons Profit Sharing Plan			X							NONE																

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

LARRY JONES HOPKINS

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Kemper Cash Equivalent Fund Mutual Fund		X								X								X								
	Congressional Fed. Credit Union			X									X							X							
DC	Kemper Cash Equivalent Fund Mutual Fund		X								X								X								
DC	Kentucky Utilities Stock		X								X								X								
DC	Wiser Oil Stock		X								X							X									
DC	First Security Corp. Stock		X								X							X									
DC	Bank of Lexington			X									X							X							
	2 Acres of farmland in Graves Co., KY (no improvements		X									NONE						X									

Reporting Individual's Name

LARRY JONES HOPKINS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Eastman Kodak Company Bond	X			5-15-90	X						
S	Eastman Kodak Company Bond	X			5-15-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the **highest** amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

LARRY J. HOPKINS
6TH DISTRICT KENTUCKY

COMMITTEES
AGRICULTURE
ARMED SERVICES

HAND DELIVERED

'91 MAY -7 PM 3:14

2437 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4706

VINE CENTER
ROOM 207
333 WEST VINE STREET
LEXINGTON, KY 40507
(606) 233-2848

Congress of the United States
House of Representatives

May 6, 1991

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✓

MC

Mr. Donnald K. Anderson
Clerk, U. S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D. C. 20515

Dear Mr. Anderson:

During 1990, title to a single family residential property located at 371 Sheridan Road, Lexington, Kentucky, was transferred to me pursuant to the will of my deceased mother.

The professionally appraised value of the property is $60,000-$64,000. Since being transferred to me, the property has not been under lease. The home is occupied by my daughter, who shares some of the expenses of upkeep.

While the law does not seem to require disclosure of this property, I made the above information available in the interest of completeness. Please treat this letter as an amendment to my 1990 Financial Disclosure Statement.

Sincerely,

Larry J. Hopkins

LARRY J. HOPKINS
Member of Congress

Reporting Individual's Name

LARRY JONES HOPKINS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Conagra	Jan. 10, 1990	Roundtrip air travel from Lexington, KY to Denver, 1 day food and lodging	
Rockwell International	Jan 17-18, 1990	2 nights food & lodging	
Tobacco Institute	Jan. 17-20, 1990	Roundtrip air travel from Lexington, KY to Palm Springs Accepted 2 days food & lodging only	
Southeastern Poultry and Egg Assn.	Feb. 1-2, 1990	1 night food & lodging for self & spouse, airfare Washington to Atlanta to Lexington for self & roundtrip airfare Lexington to Atlanta for spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

CONTINUED

PART VI--"Reimbursements" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)
Bell Helicopter/E-Systems	March 1-2, 1990	1 night food and lodging, airfare from Washington to Dallas to Lexington - 2 different speeches (2 sponsors divided equally)
Texas Instruments	March 15, 1990	One way airfare from Washington to Dallas, 1 night food and lodging
Optic-Electronic Corporation	March 16, 1990	One way airfare from Dallas to Lexington, KY and food
Danny Thompson Leukemia Memorial Golf Tournament	Aug. 21-26, 1990	Roundtrip airfare from Lexington to Sun Valley, Accepted 4 night food & lodging only, self and spouse (extended trip one night at own expense)

Reporting Individual's Name
LARRY JONES HOPKINS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organiztion, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Visitors	United States Naval Academy

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instruction page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Larry J. Hopkins	April 30, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:07
U.S. HOUSE OF REPRESENTATIVES

Joan Kelly Horn
(Full Name)

8570 Colonial Lane
St. Louis, Missouri 63124
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Missouri District: Second	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

HAND DELIVERED ⑦

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Community Consultants, Inc.	Salary	$21,000	
	Curators of the University of Missouri-St.L	Spouse Salary	$81,886	
	CBS, Inc.	Spouse Salary	$ 500	
	Leadership St. Louis	Spouse Honoraria	$ 6,000	

For additional earned income, use next page

Reporting Individual's Name
Joan Kelly Horn

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			8570 Colonial Lane - Home Off.			X								X									X						
S			Anheuser Busch Co. Stock			X							X								X								
S			General Dynamics Corp. Stock		X								X							X									
S			High Income Advantage Fund St		X								X								X								
S			Penn Central Corp. Stock		X								X							X									
S			Dean Witter Utility Fund		X								X								X								

For additional assets and unearned income, use next page

1855

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joan Kelly Horn

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	#GLM - 157448 Prudential-Bache Securities Acc			X							X									X							
	# GLM 818179 Prudential-Bache Retire Acct.		X								X			X					X								
	#GLM - 808191 Prudential-Bache Retire Acct.			X							X									X							

JOAN KELLY HORN
2D DISTRICT, MISSOURI

1008 LONGWORTH
WASHINGTON, DC 20515-2502
(202) 225-2561

[illegible] OLIVE BOULEVARD
ST. LOUIS, MISSOURI 63132-3013
(314) [illegible]

HAND DELIVERED

Congreſs of the United States
House of Representatives
Washington, DC 20515

PUBLIC WORKS AND
TRANSPORTATION COMMITTEE

SCIENCE, SPACE, AND
TECHNOLOGY COMMITTEE

SELECT COMMITTEE ON CHILDREN,
YOUTH, AND FAMILIES

May 15, 1991

'91 MAY 15 PM 4:06
U.S. HOUSE OF REPRESENTATIVES

7

Mr. Donnald K. Anderson
Clerk
Office of Records and Registration
U.S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I am writing this letter to accompany my Financial Disclosure Statement for 1990.

I would like to offer a brief outline of the disclosure in Parts II and III - Assets and "Unearned" Income. The Prudential-Bache Securities Account (#OLM-157998) includes investments in the Government Securities Income Fund, the Prudential-Bache Utility Fund, Prudential-Bache MoneyMart Assets, and First Capital Income Properties. The Prudential-Bache Retirement Account (#AQI-818179) includes investments in Prudential-Bache MoneyMart Assets and the Prudential-Bache Fund B. The Prudential-Bache Retirement Account (#OLM-808191) includes investments in the Prudential-Bache Utility Fund B, the Government Securities Income Fund, MoneyMart Assets, and the Energy Income Series.

If you have any questions regarding this 1990 Financial Disclosure Statement, please do not hesitate to contact me or my Administrative Assistant, Bruce Singleton, at 225-2561.

Sincerely,

Joan Kelly Horn

Joan Kelly Horn

Reporting Individual's Name
Joan Kelly Horn

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Emerson Electric Common Stock		X		1/23/90	X						
S	General Dynamics Corp. Common Stock	X			1/23/90	X						
	Columbia Savings & Loan CDs		X		9/18/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Resolution Trust Corp.	Mortgage on 8570 Colonial Ln			X				

Reporting Individual's Name
Joan Kelly Horn

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Spouse - Univ of Missouri		1/18-21/90	4 days Roundtrip from St. Louis Amer Council on Educ; Travel to D.C., lodging, meals	
Spouse - Univ of Missouri		4/1-4/90	4 days Roundtrip from St. Louis Urban Coll of Arts; Travel to San Diego, lodge, meals	
Spouse - Univ of Missouri		8/30-9/2/90	Roundtrip from St. Louis Amer Pol Science Assn; Travel to San Francisco	
Spouse - Univ of Missouri		11/8-9/90	From St. Louis Mo Pol Sci Assn; Roundtrip Mileage to Columbia, MO	
Spouse - Univ of Missouri		11/14-18/90	From St. Louis Council of College A & S; Roundtrip to New Orleans 3 days food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Joan Kelly Horn

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Joan Kelly Horn

DATE (Month, Day, Year)
5/15/91

GPO: 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 [illegible] 43

HAND DELIVERED

Hon. Frank Horton
(Full Name)

2108 Rayburn Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: NY District: 29th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
ADAPSO, Wash., DC. (1/9/90)		Speech	$2000	
Amn. Inst. of CPA to Fed'l Financial Mgrs., Wash., DC. (1/11/90)		Speech	$2000	
Design Prof'ls Coalition, Wash., DC. (2/4/90)		Speech	$2000	
Assoc. of Amn. Vintners, Lancaster, PA (2/5/90)		Speech	$1000	
Nat'l Assoc. of Postmasters of the US/Chptr Officer's Conf., Wash., DC (2/21/90)		Speech	$2000	
Hawaiian Sugar Planters' Assoc., Honolulu, HI (4/16/90)		Speech	$1000	
Federal Sources, Inc., Tyson, VA (5/1/90)		Speech	$2000	
Executive Enterprises, Wash., DC (5/15/90)		Speech	$2000	
Wine Institute, Wash., DC (5/2/90)		Speech	$1000	
Ind. Conf. on Cumulative Trauma Disorder in the Workplace, Washington, DC, (5/2/90)		Speech	$2000	

For additional earned income, use next page

Reporting Individual's Name
Hon. Frank Horton

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
CNA Ins., Rockville, MD (7/10/90)	Speech	$2000	
Inst. of Industrial Launderers, Wash., DC (7/25/90)	Speech	$2000	
Amn. Postal Workers Union, Las Vegas, NV (7/29-30/90)	Speech	$2000	
Amn. La. Sugar Alliance, New Orleans, La. (8/21/90)	Speech	$1000	
Nat'l Assoc. of Ltr. Carriers of the US, New Orleans, La. (8/20-22/90)	Speech	$2000	
Nat'l Assoc. of Postmasters, Niagara Falls, NY (9/10/90)	Speech	$2000	
AT&T, Tyson, VA (12/12/90)	Speech	$2000	
Dow Jones (Wall St. Journal), (10/1/90)	Article	$50	
	Total	$30,050	
(Note: ** Because the amount of honoraria received in 1990 is $3200 more than the allowable amount of $26,850, I have contributed $3200 to various charitable organizations.)	**Less	3,200 $26,850	

Reporting Individual's Name
Hon. Frank Horton

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Hon. Frank Horton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

			Type of Transaction (X)				Amount of Transaction						
			Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets												
	Example:	ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor		Type of Liability	Category of Amount of Value (X)						
				B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Hon. Frank Horton

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors, Wash., DC (11/5/90)	one set of VHS tapes on The Civil War	$120
John F. Kennedy Center, Wash., DC (10/2/90)	won four (4) tickets in raffle to "Shogun"	Value unknown (est. bet'n $100-150)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Assoc. of Amn. Vintners	2/5/90	R/T Travel by car provided by Host from DC to Lancaster, PA. self	
Chinese Nat'l Assoc. of Industry and Commerce	4/8-14/90	R/T Air travel DC/Taiwan/Hawaii,7 days food and lodging and surface transportation, self and spouse **	
Amn. Postal Workers Union	7/29-30/90	R/T Air travel DC/Las Vegas/DC, 2 days food and lodging, surface transportation, self	
Nat'l Assoc. of Letter Carriers of US	8/20-22/90	R/T Air travel DC/New Orleans, La. /DC, 3 days food and lodging, self and spouse	
Nat'l Assoc. of Postmasters of US	9/10/90	o/w drive Rochester, NY/Niagara Falls, NY, 1/2 day lodging and food and return via drive Niagara Falls/Buffalo then Air to DC, self	

**Returned by Military Transport w/other Members of Congress attending Senator Matsunaga's funeral.

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Hon. Frank Horton

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Frank Horton	**DATE (Month, Day, Year)** May 13, 1991

GPO : 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 [illegible]
[illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Amory Houghton Jr.
(Full Name)
80 East Market Street, Suite 304
Corning, New York 14830
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: New York District: 34 th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

MC (Office Use Only) 15

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A seperate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	- See continuation sheet attached			

For additional earned income, use next page

Financial Disclosure A-1

1867

Reporting Individual's Name
Amory Houghton Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			- See continuation sheet attached																										

For additional assets and unearned income, use next page

Reporting Individual's Name

Amory Houghton Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	- See continuation sheet attached											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	- See continuation sheet attached								

Reporting Individual's Name

Amory Houghton Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
- See continuation Sheet attached		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT
AMORY HOUGHTON JR.

PART I - EARNED INCOME, INCLUDING HONORARIA

Source and Type		Amount
Corning Incorporated:		
For prior services rendered: Supplemental pension		231,170 *
Income (in-kind): Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation		15,000
Honoraria:		
1/22/90	Dresser-Rand Inc. (assigned to charity)	1,000 *
2/8/90	Portland Cement Assoc. (assigned to charity)	2,000 *
3/14/90	Corning Conference on Public Policy	500
3/19/90	American Mining Congress	500
5/23/90	Brookings Institution (assigned to charity)	400 *
Trustee Commissions (commissions represent personal services provided to protect family resources):		
Trust dated 4/11/60 by H.C. Hollister		1,400 *
Spouse's income:		
Hammermill Paper Co. Pooled Pension Trust		N/A

* Amounts not subject to the outside earned income limit.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	A		None	I	
Equity Securities:					
Citicorp, N.A. - common stock	B		Dividend	III	
Corning Incorporated - common stock	H		Dividend	VI	
Genentech Corporation - common stock	B		None	I	X
IBM Corporation - common stock	E		Dividend	V	
Leo Capital - common stock, New York, NY	F		None	I	X
Market Street Trust Company - common stock, Corning, NY	E		Dividend	IV	
Proctor & Gamble - common stock	C		Dividend	II	
U.S. Government Obligations:					
Treasury notes	E		Interest	VI	X
Savings bonds series E & EE	B		None	I	
Other:					
Chase Lincoln First Bank, N.A., Corning, NY	D		Interest	V	
Citibank, N.A., New York, NY	C		Interest	V	
Community National Bank, Addison, NY	B		Interest	I	
Corning Federal Credit Union, Corning, NY	A		Interest	I	
National Westminster Bank, Great Neck, NY	B		None	I	
South Shore Bank, Quincy, MA	B		Interest	II	
Medway Savings Bank, Medway, MA	B		Interest	I	
National Bank of Washington, Washington, DC (closed in 1989)	A		None	I	
Vangard Treasury Portfolio - mutual fund, Valley Forge, PA	E		Dividend	III	X
Accounts receivable from Corning Associates, Corning, NY	B		None	I	
76-78 East Market Street (investment property), Corning, NY	G		Rent	VII	
John Prince, Inc., Washington, D.C.	A		Interest	II	

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships:					
Acorn III, a general partnership which is the sole limited partner in Richmont LTD, a partnership holding a real estate investment in an office/warehouse building, 1666 W. Firman St., Richardson, TX (Share - 10.00/9.80%**)	D	(2)	Partnership	I	
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	E	(2)	Partnership	I	
Corning Associates I, managed by Aicre Realty, rental of shopping center, Cape May Court House, NJ (liquidated in 1990)	A	(2)	Partnership	I	X
Corning Associates II, managed by Aicre Realty, rental of office building, Albany, NY (share - 50.00/5.50%**)	E	(2)	Partnership	I	
Hamilton Brothers Oil Company, Denver, CO (final settlement)	A		Partnership	III	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 3.17%)	B	(2)	Partnership	I	X
Theatre Partners, L.P. III, a partnership formed to finance the live stage theatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Theatre Co., Inc., Newark, NJ (share - .70%)	D	(2)	Partnership	I	X
Corning Associates VC-1, investment in venture capital partnerships (share - 19.61/ - %**):					
Business Development Capital Ltd. III, managed by the Foster Management Co., NY, NY; investments are in Heritage Health Systems Inc., Chartwell Group Inc., Orthopedic Services Inc., Waste Disposal Equipment Acquisition Corporation, Nova Care Inc., Bloodline Inc., and Rehab Group, Inc. (share - -/.16%**)	A	(2)	Partnership	III	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively.

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn since inception.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships (Cont'd):					
Intersouth Partners, managed by Intersouth Associates, Chapel Hill, NC, invested in Resonex Inc., Digital Recorders Inc., Imsatt Corp., Integrated Silicon Systems Inc., IllumElex Corp., Sphinx Biotechnologies Inc., Coeur Laboratories, and Cardiovascular Diagnostics, Inc. (share - -/.78%**)	C	(2)	Partnership	III	
Associates Partners: general partner in Corning Associates Fixed Income Fund (CAFIF), investments include: demand securities of the District of Columbia, Fairfax County Economic Development Authority, State of Illinois State Scholarship Commission, Monroe County Industrial Development Agency - New York, Montgomery County - Maryland, Port Authority of New York and New Jersey, Power Authority of the State of New York, Student Loan Fund of Idaho Marketing Association, University of Pennsylvania, Wisconsin Health and Educational Facilities Authority; Participation Certificate in Tax Exempt leases with First Interstate Bank of Denver; municipal bonds of Harris County - Texas, New York State Housing Finance Agency, South Carolina State Education Assistance Authority, City of Austin-Texas, State of Connecticut, Howard County-Maryland, IBM Tax Exempt Grantor Trusts, Lewisville Independent School District, Commonwealth of Massachusetts, State of Minnesota, State of Oregon, Washington Suburban Sanitary District - Maryland, Cumberland County - Pennsylvania, New York State Dormitory Authority, New York State Medical Care Facilities Finance Authority, Regional Transit Authority L.A.-California, City of San Antonio - Texas, State of California Franchise Tax, District of Columbia, State of Florida House of Representatives, State of Iowa, L.A. County Sanitation District - California, Maryland Department of Transportation, Massachusetts Industrial Finance Agency, Board of Public Works of State of Maryland, State of Illinois, New York State Dormitory Authority, Sun Valley Public Improvements Corporation - Arizona, Union County Hospital Facilities Authority - Oregon, Wisconsin Health and Educational Facilities - Marquette University, Wisconsin Health and Educational Facilities - St. Lukes Hospital. (share - .40/.031%**) CAFIF holdings disposed of during the year ended December 31, 1990 - demand securities of the City of Springfield Illinois Revenue Anticipation notes; U.S. Treasury Notes; municipal bonds of the State of Mississippi, L.A. Unified School District - California. No reportable transactions given that the marginal personal investment in CAFIF remains less that 1/20 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	B	(3)	Partnership	II	

** See explanation at Page 3 of 10.

(2) See explanation at Page 3 of 10.

(3) Valuation method - Partners' share of market value of investments at 12/31/90.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships (Cont'd):					
Corning Associates Equity Fund (CAEF): investments during 1990 include common stock of H.J. Heinz, Abbott Labs, Wal Mart Stores, Toys R Us, Home Depot, Pepsico, R.R. Donnelley and Sons, Coca Cola, State Street Boston, Sysco, Hershey Foods, Merck, Bristol Myers-Squibb, Automatic Data Processing, General Mills, Gillette, Johnson and Johnson, Kellogg, Minnesota Mining & Mfg. and Rubbermaid. (share - .22%) CAEF items disposed of during the year ended December 31, 1990 - National City No reportable transactions given that the marginal personal investment in CAEF remains less that 1/3 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	C	(3)	Partnership	III	
Amory Houghton Jr. Trust U/W A. B. Houghton - (interest in income only)			Trust	VIII	
Holdings consist of:					
Municipal Bonds:					
Onondaga County, NY (matured during 1990)	F				
U.S. Government Obligations:					
U.S. Treasury notes	C				
Real Estate:					
Residence (occupied by the Congressman), Washington, D.C.	H				
Other:					
Corning Incorporated - common stock	H				
Demand note receivable from Amory Houghton Jr.	E				
Pelican Fund - mutual fund, Boston, MA	E				
Note receivable from Leo Capital Corporation	F				
Principal cash - interest bearing (Citibank, N.A.)	B				
Income cash - interest bearing (Citibank, N.A.)	D				
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	VIII	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - 1.46%)	F	(3)			

(3) See explanation at Page 4 of 10.

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT
AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Corning Associates Equity Fund (share - 2.34%)	E	(3)			
Municipal bonds:					
Onondaga County, NY (matured during 1990)	B				
U.S. Government Obligations:					
U.S. Treasury notes (matured during 1990)	F				
Other:					
Corning Incorporated - common stock	H				
Account receivable from Corning Associates	B				
Pelican Fund - mutual fund	D				
Principal cash - interest bearing (Citibank, N.A.)	C				
Income cash - interest bearing (Citibank, N.A.)	D				
Elizabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VI	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - .62%)	E	(3)			
Corning Associates Equity Fund (share - .45%)	C	(3)			
Municipal Bonds:					
Rockland County, NY	B				
Georgia	B				
Monroe County, NY (matured during 199)	B				
Suffolk County, NY (matured during 1990)	B				
Livingston County, NY (matured during 1990)	B				
U.S. Government Obligations:					
Treasury notes	C				
Other:					
Corning Incorporated	H				
Pelican Fund - mutual fund	C				
Principal cash - money market deposit account, interest bearing (Citibank, N.A.)	C				
Income cash - interest bearing (Citibank, N.A.)	C				

(3) See explanation at Page 4 of 10.

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT
AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
John C. Dewey Jr. Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	V	
Holdings consist of:					
Common stock:					
Abbott Labs	C				
American Home Products	C				
Atlantic Richfield	C				
Bellsouth	C				
Chevron	C				
Coca Cola	D				
Commerce Clearing House	C				
FPL Group	C				
General Electric	C				
GTE	C				
Hanson PLC	B				
International Business Machines	C				
Minnesota Mining and Manufacturing	C				
New England Electric	C				
Reuters Holding PLC	C				
U.S. Government Obligations:					
Treasury Notes	D				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	C				
Talbot Dewey Trust 11/12/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VI	
Holdings consist of:					
Common Stock:					
American Home Products	C				
Exxon	C				
FPL Group	C				
Hanson PLC	B				
International Business Machines	B				
PNC Financial	B				
U.S. Government Obligations:					
Treasury Notes	B				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT
AMORY HOUGHTON JR.

PART IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Vangard Treasury Portfolio - mutual fund	Purchase/Withdrawal	Various - 2 purchases, 3 withdrawals	F
Leo Capital Inc.	Paid in capital	Various - 3 transactions	E
Theatre Partners, LP III	Purchase	4/5/90	D
Genentech Inc. (merger)	Exchange	9/7/90	E
Bradford Gordon 1990-3	Purchase	12/28/90	B
U.S. Treasury Note	Sale	12/31/90	D
Corning Associates I Partnership	Liquidation	12/31/90	B

PART V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Note Payable	E
Chase Lincoln First Bank, Corning, NY	Line of credit for 76-78 E. Market Street investment property	F
Chase Lincoln First Bank, Corning, NY	Mortgage on 76-78 E. Market Street investment property	E

PART VI - TANGIBLE GIFTS

Source	Description	Approximate Fair Value
Dresser-Rand	Clock received for visit to Olean, NY plant	$ 175
Asahi Glass Company, Tokyo Japan	Two crystal drinking vessels received as gift	$ 100

PART VIII - POSITIONS

Non-Profit Affiliations:
- The Meadows Charitable Trust - Trustee
- The Houghton Foundation - President and Trustee
- The Washington Cathedral Chapter - Inactive Trustee
- Corning Chamber of Commerce - Member
- Corning Museum of Glass - Vice President and Trustee
- Corning Glass Works Foundation - Trustee

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PART VIII - POSITIONS (Continued)

Congressman Houghton serves as trustee for the following in addition to those trusts listed previously (reference Part I)

(1) Trust dated 3/14/70 by A. A. Houghton Jr.
(1) Trust dated 6/17/40 by A. B. Houghton
(1) Trust under will of E. Houghton
(1) Trust dated 2/3/76 by E. M. Oedell
(2) Trusts dated 6/7/76 by P. H. Mowbray
(1) Trust dated 4/19/77 by H. M. Carter
(1) Trust dated 1/16/79 by M. T. Mowbray
(2) Trusts dated 7/3/69 by A. A. Houghton Jr.
(1) Trust dated 12/22/71 by A. A. Houghton Jr.
(19) Trusts dated 2/21/81 under will of Amory Houghton
(3) Trusts dated 7/1/82 by G. R. Montgomery
(9) Trusts dated 9/16/41 by A. B. Houghton
(1) Trust dated 1/3/49 by G. R. Montgomery
(1) Trust dated 8/15/49 by G. R. Montgomery
(8) Trusts dated 12/10/34 by A. B. Houghton
(4) Trusts dated 4/18/46 by G. B. Hollister
(1) Trust dated 4/6/57 by M. H. Anderson
(2) Trusts dated 6/24/63 by E. A. Ray
(1) Trust dated 4/21/65 by E. A. Ray
(1) Trust dated 1/22/64 by E. A. Ray
(1) Trust dated 1/20/79 by A. S. Lassalle
(1) Trust dated 11/21/78 by G. H. Lassalle
(3) Trusts dated 12/22/61 by A. A. Houghton Jr.
(5) Trusts dated 1/5/52 by G. B. Hollister

Executor:

Estate of Amory Houghton
Estate of E. H. Cole

Director:

Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Associates Partners, Acorn III, Acorn IV and Corning Associates Equity Fund where he serves as a general partner.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1990 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PART IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans.	Benefits received in accordance with normal plan provisions (lump-sum and/or monthly).
2/87	Corning Incorporated (former employer)	Transportation benefits any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

Reporting Individual's Name
Amory Houghton Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
- See continuation sheet	attached

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
- See cont	inuation sheet attached	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/91

GPO 1991 37-886

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1980

FORM A
For use by Members, officers, and employees

1981 MAY 15 PM 3 37
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

STENY HAMILTON HOYER
(Full Name)

1705 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: Maryland District: 5 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1980)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1980)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Law Office - Steny H. Hoyer	net income	21,732.13	
	Judith P. Hoyer - P.G. Co. Brd of Education	spouse salary	NA	

For additional earned income, use next page

Reporting Individual's Name
STENY HAMILTON HOYER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	89 Orange Street, Nantucket, MA	X										X								X							exchanged
	(Exchanged for 2nd home which is not income producing)																										
	KEOUGH - Legg Mason				X																						
	IRA-John Hanson Savings Bank Forestville, MD		X										X					X									
S	IRA-John Hanson Savings Bank Forestville, MD		X										X					X									
JT	Massachusetts Cash Management		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
STENY HAMILTON HOYER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Md. State Retirement		X																								
S	P.G. Brd of Ed. Retirement		unknown																								
JT	Loyola Federal S&L,Balti.,MD	X											X						X								
	Pacific National Bank Nantucket, MA	X											X						X								
S	Sovran Bank, Maryland	X											X					X									
JT	Citizens Bank,Riverdale, MD	X											X					X									

Reporting Individual's Name

STENY HAMILTON HOYER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	89 Orange Street, Nantucket, MA (exchanged for 2nd home)			X	5-15-90					X		

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Nantucket Savings Bank	Mortgage on 89 Orange Street (paid in full at time of exchange-5/15/90)	X						

Reporting Individual's Name
STENY HAMILTON HOYER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Our Children's Future (conference participant)	4/20-22/90	Roundtrip air, food, lodging, Washington, D.C. - Ft. Meyers, Florida (self and spouse)	
International Association of Fire Chiefs (speech)	8/18-20/90	Roundtrip air, food, lodging, Washington, D.C. - Orlando, Florida (self)-food, lodging for spouse	
Columbia Institute (speech)	5/30/90	Roundtrip air, Washington, DC-Ft. Wayne, Indiana	
Disability Rights Education Defense Fund (speech)	11/9-10/90	Roundtrip air, food,lodging, Wash.DC-SanFrancisco,CA	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
STENY HAMILTON HOYER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Owner	Steny H. Hoyer, Attorney

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/91

GPO: 1991 37-080

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 12: 22
U.S. [illegible] ENTATIVES
HAND DELIVERED

CARROLL HUBBARD, JR.
(Full Name)
2268 Rayburn House Office Building
(Mailing Address)
Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: KY District: 1st	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Association of Homebuilders (January 20, 1990)	Honorarium	$2,000	
	Kentucky Credit Union League (February 6, 1990)	Honorarium	300	
	Great Western Financial Corporation (February 16, 1990)	Honorarium	2,000	
	California Bankers Assn. (February 28, 1990)	Honorarium	1,000	
	U.S. League of Savings Institutions (February 28, 1990)	Honorarium	2,000	
	California Credit Union League (March 17, 1990)	Honorarium	1,000	
	American Institute of CPAs (March 29, 1990)	Honorarium	2,000	
	Seafarers International Union (March 31, 1990)	Honorarium	2,000	
	Independent Bankers Association (April 1, 1990)	Honorarium	2,000	
	Community Bankers of Kentucky, Inc. (April 20, 1990)	Honorarium	1,000	

For additional earned income, use next page

Reporting Individual's Name
MAY 15 PM 12: 21
CARROLL HUBBARD, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Kentucky Cable TV Association (May 12, 1990)	Honorarium	$ 500	
Chicago Mercantile Exchange (July 9, 1990)	Honorarium	750	
Chicago Board of Trade (July 9, 1990)	Honorarium	750	
Georgetown College (August 18, 1990)	Honorarium	300	
California Bankers Association (August 27, 1990)	Honorarium	1,000	
Kentucky Bankers Association, Inc. (September 28, 1990)	Honorarium	1,000	
North American NCR Financial Users Group (October 17, 1990)	Honorarium	250	
Distilled Spirits Council of the United States, Inc. (October 17, 1990)	Honorarium	2,000	
First Federal Bank, Santa Monica, California (October 29, 1990)	Honorarium	2,000	
Barnett People for Better Government (Barnett Banks of Florida) (November 6, 1990)	Honorarium	2,000	
U.S. League of Savings Institutions (November 8, 1990)	Honorarium	2,000	X ($1,000)
Institute of International Bankers (November 14, 1990)	Honorarium	2,000	X
American Mining Congress (November 26, 1990)	Honorarium	250	X
Securities Industry Association (November 29, 1990)	Honorarium	2,000	X
RJR Nabisco (December 14, 1990)	Honorarium	2,000	X
The Tobacco Institute (December 19, 1990)	Honorarium	2,000	X
	TOTAL	36,100	
Computer Sciences Corporation, Falls Church, VA	Spouse salary	N/A	
Carroll Hubbard for Congress Committee, Paducah, KY	Spouse salary	N/A	
Kentucky Council on Higher Education, Frankfort, KY	Spouse per diem	N/A	

CARROLL HUBBARD, JR.

PART 1 - EARNED INCOME, INCLUDING HONORARIA (continuation sheet)

LIST OF CHARITIES RECEIVING DONATIONS IN 1990:

$1,000	Memorial Baptist Church, Murray, Ky.
$1,000	First Baptist Church, Mayfield, Ky.
$ 250	Carlisle Area Rehabilitation Transportation, Bardwell, Ky.
$2,000	The Southern Baptist Theological Seminary (Dr. Carroll Hubbard, Sr. Memorial Scholarship Fund), Louisville, Ky.
$3,000	Whitesburg Education Development Foundation, Inc., Whitesburg, Ky.
$1,000	St. Mary School Building Campaign Fund, Paducah, Ky.
$1,000	St. Michael Mission Center, Paintsville, Ky.
$9,250	TOTAL

Reporting Individual's Name
CARROLL HUBBARD, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Exam-ples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			192 Main Street, Dover, Delaware				X							X								X							
	1512 Waverly Drive, Mayfield, Ky.							X						X									X						
	101-acre farm, Hickory, Ky.							X								X											X		X

For additional assets and unearned income, use next page

Reporting Individual's Name

CARROLL HUBBARD, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	101-acre farm, Hickory, Kentucky		X		3/26/90				X			

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Exchange Bank, Mayfield, Ky.	Mortgage on 1512 Waverly Drive, Mayfield, Ky.			X				
	First National Bank, Mayfield, Ky.	Mortgage on 101 acre farm, Hickory, Ky., & 1512 Waverly Dr., Mayfield		X					
	Hart County Bank and Trust Co., Munfordville, Ky.	Personal loan (paid off 3/90)	X						
	The Owensboro National Bank, Owensboro, Ky.	Personal loan		X					
	Hart County Bank and Trust Co., Munfordville, Ky.	Personal loan		X					
	Commercial Bank, West Liberty, Ky.	Personal loan (paid off 3/23/90)		X					
	Liberty Savings Bank, Mayfield, Ky.	Personal loan	X						

Reporting Individual's Name
CARROLL HUBBARD, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors, Detroit, Michigan	Civil War tapes	less than $200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Association of Homebuilders (speech)	Jan. 20, 1990	Air travel (Washington, DC-Atlanta, Ga., and return), food, 1 night lodging, self only	
Great Western Financial Corp. (speech)	Feb. 16, 1990	Air travel (Washington, DC-Los Angeles, Cal., and return), food, 1 night lodging, self only	
California Bankers Association (speech)	Feb. 17, 1990	Food, 1 night lodging, self only	
California Credit Union League (speech)	March 17, 1990	Air travel (Washington, DC-Monterey, Cal.-Nashville, Tn), food, 1 night lodging, self only	
Seafarers International Union (speech)	March 31, 1990	Air travel (Washington, DC-St. Louis, Mo., and return), food, 1 night lodging, self only	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment (continued)

Source	Date(s)	Brief Description
Community Bankers of Kentucky, Inc. (speech)	April 20, 1990	Air travel (Washington, DC-Lexington, Ky.,and return), food, 1 night lodging, self and spouse
Chicago Board of Trade (fact-finding tour and meeting with Chicago Board of Trade officials)	July 9, 1990	Air travel (Lexington, Ky.-Chicago, Ill.-Washington, DC), food, 1 night lodging, self only
Kentucky Bankers Association, Inc. (speech)	Sept. 28, 1990	Air travel for spouse only (Washington, DC-Louisville, Ky. and return), food, 1 night lodging, self and spouse
First Federal Bank, Santa Monica, Calif. (speech)	Oct. 29, 1990	Air travel (Washington, DC-Los Angeles, Cal., and return), food, 3 nights lodging, self and spouse
Barnett People for Better Government (Barnett Banks of Florida) (speech)	Nov. 6, 1990	Air travel (Raleigh/Durham, NC-Ft. Myers, Fl.-Washington, DC), food, 1 night lodging, ground transportation, self only
Institute of International Bankers (speech)	Nov. 14, 1990	Air travel (Washington, DC-New York City and return), food, self only
Securities Industry Association (speech and panel discussion)	Nov. 29, 1990	Air travel (Washington, DC-Miami, Fl.-Louisville, Ky.), 1 night lodging, food, self only

Reporting Individual's Name
CARROLL HUBBARD, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Carroll Hubbard, Jr.

DATE (Month, Day, Year)
May 15, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:49
[illegible]

HAND DELIVERED

THOMAS JERALD HUCKABY
(Full Name)

2182 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)
WASGINGTON, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State LA District 5	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

In all sections, please type or print clearly in black ink.

MC (Office Use Only) 11

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Shannon & Luchs Real Estate	Spouse Commissions	NA	
	Gabbert & Associates (Comet Rice Meeting) 1/18/90	Honoraria	$ 2,000	
	Calcot LTD 1/20/90	Honoraria	2,000	
	Staple Cotton Cooperative 1/24/90	Honoraria	2,000	
	National Cotton Council of America 2/1/90	Honoraria	2,000	
	American Sugarbeet Association 2/5/90	Honoraria	1,000	
	Amcot, Inc. 4/3/90	Honoraria	1,000	
	Philip Morris Management Corp. 4/9/90	Honoraria	1,000	
	Texas Cotton Association 4/20/90	Honoraria	2,000	
	Wallace & Edwards 6/26/90	Honoraria	2,000	

For additional earned income, use next page

Reporting Individual's Name

Thomas Jerald Huckaby

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
National Cotton Council 9/18/90	Honoraria	$ 2,000	
Connell Rice & Sugar Co., Inc. 11/27/90	Honoraria	2,000	
The Sugar Club 12/4/90	Honoraria	2,000	

Reporting Individual's Name
THOMAS JERALD HUCKABY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Real Estate:																										
			920 Acres Hallmark Farms, Inc. Ringgold,LA							X																			
			AG. Lease-Sanders Farms (Gross)											X												X			
			AG. Lease-Sanders Farms (Net)											X						X									
			Timber Sale - Hood Industry													X								X					
			97 Acres Liberty Hill, LA Tree Farm Inherit				X													X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
THOMAS JERALD HUCKABY

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	House: Minden, LA - Inherit			X														X									
	Bienville Apts. LTD Ptship. Ringgold, LA			X									X							X							
	Townhouse, McLean, Prov. McLean,VA (Gross)						X					X											X				
	Townhouse, McLean Prov. McLean, VA (Net)											X						X									
	Townhouse, Kings Manor, McLean, VA (Gross)						X					X											X				
	Townhouse, Kings Manor, McLean, VA (Net)											X						X									
	Townhouse, Hallcrest, McLean, VA (Gross)	X										X											X				
	Townhouse, Hallcrest, McLean, VA (Net)											X						X									
	Townhouse, Hallcrest, McLean, VA													X										X			X
	Other Long Term Investments:																										
	IRA - Jerry Huckaby-Fidelity Magellan		X								X								X								X
	IRA - Sue Huckaby - Fidelity Magellan		X								X								X								X
	KEOGH Sue Huckaby - Fidelity Magellan			X							X								X								X
	U.S. Thrift Sav. Plan - J. Huckaby		X																X								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

THOMAS JERALD HUCKABY

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Liquid Investments:																										
	Fidelity Cash Reserves Acct.	X											X								X						X
	Vanguard Money Market Fund	X											X						X								X
	Vanguard Windsor Mutual Fund	X																X									X
	Scudder Capital Growth Mut. Fund	X																X									X
	Fidelity Magellan		X															X									X
	C.D's:																										
	Jerry Huckaby-First VA Bank				X								X							X							X
	Sue Huckaby - First VA Bank				X								X							X							X
	Jerry Huckaby-Minden Bank (Inherit)				X								X						X								
	Jerry Huckaby - Minden, Bldg.&Loan			X									X						X								
	(Inherit)																										
	Other:																										
	Spouse & Woodard Villa Trust-Children					X												X									
	1/6 interest in Approx. 1500 Acres Farm in Ringgold, LA																										

Reporting Individual's Name
Thomas Jerald Huckaby

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Townhouse: Hallcrest, McLean, VA		x		5-15-90					x		
	IRA - Jerry Huckaby-Sell Fidelity Cap. Apprec.-Buy Fidelity Magellan	x	x		12-12-90	x						
	IRA - Sue Huckaby-Sell Fidelity Cap. Apprec. -Buy Fidelity Magellan	x	x		12-12-90	x						
	KEOGH Sue Huckaby - Fidelity Cash Reserves	x			4-9-90	x						
	KEOGH Sue Huckaby - Fidelity Cash Reserves		x		12-12-90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del							
	Hallmark Farms, Inc.								
	The Evans Trust - Shreveport, LA	Mortgage on Farm					x		
	First Nat. Bank - Arcadia, LA	Note		x					
	American Bank - Monroe, LA	Note		x					
	Duval Fed. Savings & Loan, Jacksonville, FLA	MTG. on Hallcrest Townhouse				x			

Reporting Individual's Name

Thomas Jerald Huckaby

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10 12 90			X				
	KEOGH Sue Huckaby - Fidelity Magallan	X			12-12-90	x						
	KEOGH Sue Huckaby - Fidelity Magallan	x			12-13-90	x						
	Vanguard Money Market Fund		x		3-19-90		x					
	Vanguard Windsor Mutual Fund		x		3-19-90	x						
	Scudder Capital Growth - Mutual Fund		x		3-19-90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001 and over
	Example: First Bank of Wilmington, Delaware	Mortgage on 102 Main St. Dover, Del							
	Perpetual Savings Bank, Alexandria, VA	Mortgage on Kings Manor Townhouse				x			
	Perpetual Savings Bank, Alexandria, VA	Mortgage on McLean Province THHSE				x			
	George Martin, McLean, VA	Note on Kings Manor Townhouse	x						

Reporting Individual's Name

Thomas Jerald Huckaby

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Magellan Mutual Fund	X			10-19-90	X						
	CD Jerry Huckaby - First Virginia Bank	X			9-7-90			X				
	CD Sue Huckaby - First Virginia Bank	X			9-7-90			X				
	Fidelity Cash Reserves Account	X			3-26-90				X			
	Fidelity Cash Reserves Account		X		9-1-90				X			

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.							

Reporting Individual's Name

Thomas Jerald Huckaby

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Comet Rice		1/17-19/90	Airfare from Monroe, LA to Reno - 3 days food and lodging	
Calcot LTD		1/19/90	AirTrvl from Reno to Bakersfield, CA	
Comet Rice		1/19/90	Airfare from Bakersfield to Wash. D.C.	
U.S. Feed Grains Council		3/4/90	Airfare from Shreveport, LA to New Orleans and back to Wash.D.C.	
			1 night food and lodging	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Thomas Jerald Huckaby

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Texas Cotton Association		3/29/90	Roundtrip Air from Wash. D.C. to Austin,TX, 1 night food & lodging	
National Cotton Council		9/18/90	Roundtrip Air from Wash. D.C. to Memphis	
The Connell Company		11/27/90	Roundtrip Air from Wash. D.C. to New Jersey	
The Sugar Club		12/4/90	Roundtrip Air from Wash. D.C. to New York	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Thomas Jerald Huckaby

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
President	Hallmark Farms, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL
Jerry Huckaby

DATE (Month, Day, Year)
5-15-91

GPO 1991 [illegible]-538 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

William J. Hughes
(Full Name)

341 Cannon House Office Bldg.
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: NJ District: 2nd	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	F.B. Loveland Trust, 801 Asbury Avenue, Ocean City,	Trustee Comm.	$829.75	
	New Jersey 08226			
	M.G. Hand Trust, 801 Asbury Avenue, Ocean City,	Trustee Comm.	$1070.78	
	New Jersey 08226			

For additional earned income, use next page

Reporting Individual's Name

William J. Hughes

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	The Coastal Bank, 9th St., Ocean City, NJ		X										X							X							X
	Cape Sav. Bank, Asbury Ave, Ocean City, NJ		X										X							X							X
	Cong. Fed. Credit Union, Wash., DC		X										X						X								X
	Midlantic Bank, Central Ave, Ocean City NJ				X								X						X								X
	South Jersey Industries Stock		X								X								X								
	Atlantic Energy Stock		X								X								X								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William J. Hughes

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	The WJH Corporation Stock					X					X							X									
	Coastal Bank Stock		X								X							X									
	Public Serv. Electric & Gas Stock		X								X								X								
	Atlantic Richfield Co. Stock		X								X								X								
	Unocal Stock		X								X							X									
	Business Office, Wesley Rd, Ocean City NJ			X								X						X									
	Asbury Apartments, Asbury Ave, Ocean City, NJ						X					X											X				
	WV Condominium, St Thomas, U.S.V.I.					X						X						X									X
	Apartment, 2nd St, S.E., Wash, DC						X					X										X					
	Spartan NJ Mun Money Mkt Fund				X								X								X						X
	Dreyfus Tax Exempt Bond Fund		X										X						X								
	Alliance Tax Exempt Reserve	X											X							X							X
	Atlantic Co. MUA Bonds		X										X						X								
	NJ Turnpike Authority Bonds			X									X							X							
	Franklin Twp Somerset Co. NJ School Bonds			X									X							X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
William J. Hughes

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	West Long Branch, NJ Bd. of Educ. Bonds			X									X							X							
	Evesham Twp, NJ MUA Bonds		X										X						X								
	New York Life Ins. Co. Annuity			X									X					X									
	Land & Bldg, 34th St, Upper Twp., NJ					X								X											X		X
	State of NJ Pension Plan & Supp. Annuity Trust				X						X		X					X									X
	IRAs - Advest Co.																										
	Coastal Bank Stock		X								X							X									
	Delaware Group Del. Fund			X							X								X								
	Essex County NJ Pram Bond		X										X					X									
	Franklin Custodial Funds			X									X								X						
	(U.S. Gov't Series)																										
	So. Jersey Industries Stock		X								X								X								
	US Treasury Notes & Stripped Interest Securities				X								X									X					
	Advest Bank Inv. C.D. (series A)		X										X						X								

Financial Disclosure A-2(a)

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William J. Hughes

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Advest Bank Money Mkt			X									X								X						
	Keystone Custodial Funds		X								X							X									

Reporting Individual's Name

William J. Hughes

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	The Coastal Bank, Cape Savings Bank, Cong. Fed. Cr. Union, Alliance,											
	Spartan & Midlantic Bank Account balances fluxuated as a result of											
	many inter-account transfers during year			X	varies dates 1/1/90-12/31/90			X				
	Land & Bldg., 34th Street, Upper Twp., NJ		X		1/26/90				X			
	Condo, WV, St Thomas, U.S.V.I. Casualty Loss/Hurricane Hugo (Partial ins. recovery)				Loss 9/27/89		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Thelma L. Loftin, Washington, DC	Mortgage on 2nd St, SE, Wash., DC	X						
	The WJH Corporation	Mortgage on Wesley Road, Ocean City NJ			X				

Reporting Individual's Name
William J. Hughes

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Workship, Greater	Jan 9-14,	Air travel, food, 3 days lodging (self & spouse) Phila., PA	
Miami Chamber of Commerce,	1990	to Miami, Fl (2 days at own expense)	
Miami, Florida			

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William J. Hughes

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President, Director	The WJH Corporation, P.O.Box 545, Ocean City, NJ 08226
Trustee	Estate of M.L. Hand and Estate of F.B. Loveland
Director	Stockton State College Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William J. Hughes	May 15, 1991

45-572 O-91--61

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10:59
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

DUNCAN LEE HUNTER
(Full Name)

133 Cannon House Office Building
Washington, DC 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 45TH ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

mc (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the sourcu need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bell Helicopter (January 16, 1990), Ft Worth, Texas	Speech (12/4/89)	$1,000	
	Capitol Forum (May 2, 1990), Washington, DC	Speech	500	Rescue Task Force

For additional earned income, use next page

Reporting Individual's Name
DUNCAN LEE HUNTER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT	Horse Stables & Barn, Chantilly, VA				X								X									X						
JT	House, Coronado, CA							X					X										X					
	27 acres & Cabin, Blue Ridge Mountains, VA					X							X									X						X
S	Franklin Hi-Yield Tax Free Income Fund			X								X								X								X
JT	5/8 acre lot, Riverside, CA				X														X									

For additional assets and unearned income, use next page

Reporting Individual's Name
DUNCAN LEE HUNTER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-89			X				
S	Franklin Hi-Yield Tax Free Income Fund		X		7-23-90	X						
	Cabin, Blue Ridge Mountians, VA—PUT IN SERVICE AS RENTAL				3-1-90							

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Chase Home Mortgage Corporation, Tampa, FL	Mortgage on Coronado, CA				X			
JT	Sovran Home Mortgage Corporation, Richmond, VA	Mortgage on Barn & Stables, Chantilly VA		X					
	Bank of Coronado, Coronado, CA	Loan	X						
JT	Wright Patman Federal Credit Union	Loan	X						
	I. Moskey, Alexandria, VA	Real Estate Loan, Blue Ridge Cabin & Acreage - Virginia				X			

Reporting Individual's Name
DUNCAN LEE HUNTER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute		Feb 22-24,	1990 - Roundtrip Train Travel from Wash, DC to New Jersey 2 days food & lodging	
Burlington Northern		Nov 8-11,	1990 - Roundtrip Air & Train fare from Wash, DC to Broken Bow, NEB 3 days food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DUNCAN LEE HUNTER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	American Security Council (no salary)
Co-Chairman	National Security Caucus (no salary)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Duncan Hunter	DATE (Month, Day, Year) 5/15/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -8 AM 9 06
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Earl D. Hutto
(Full Name)

2435 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Florida District: 1 ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

MC (Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Armed Forces Marketing Council (Mar. 14, 1990)	Speech	$2,000	$200
	Sea-Land Service, Inc. (March 16, 1990)	Speech	$2,000	$200
	American Medical Association (May 7, 1990)	Speech	$1,000	$100
	Electronic Industries Association (June 15, 1990)	Speech	$1,000	$100
	John G. Campbell Inc. (August 13, 1990)	Speech	$1,000	$100

For additional earned income, use next page

Reporting Individual's Name
Earl D. Hutto

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	BLOCK A Asset and/or Income Source	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S., DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	Household Bank		X										X						X								
	Fidelity Destiny I Mutual Fund		X								X									X							
	House in Highlands, N. C.			X								X								X							
	House in Ozark, Alabama			X								X								X							
DC	Fidelity Puritan Mutual Fund			X							X									X							
DC	Fidelity Overseas Fund		X								X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name

Earl D. Hutto

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real
property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000.
Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or
your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information,
see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
DC	Fidelity High Income Fund		X		1/23/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period.
Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling
of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First FEderal Savings Bank - Panama City, Fla.	Mortgages on PC & Highland Houses			X				
	Southtrust BAnk of Ozark - Ozark, Ala.	Mortgage on Ozark house		X					

Reporting Individual's Name
Earl D. Hutto

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Numerous corporate sponsors		Nov. 9/11	Food, lodging, golf at Cong. Charity Tourney-Greenbrier, W. Va.	X

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Earl D. Hutto

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Earl D. Hutto	DATE (Month, Day, Year) 5/6/91

1991 JUN 27 AM 9:59

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Congressman Earl Hutto
2435 Rayburn Building
Washington, D. C. 20515

✓

MC ①

Amendment to Financial Disclosure for 1990 in response to checklist:

Part II. Rented house in Highlands, N. C. is on Wyanoak Drive (no house number) and rental house in Ozark, Alabama is at 942 Martin Street.

Part III. I inadvertently maked the wrong columns for the Types of Income. Fidelity Mutual Funds should be marked "dividend", Household Bank should be marked "interest", and rental properties should be marked "rent".

Part VII. The food, lodging, and gold at the Congressional Charity Golf Tournament at Greenbrier, West Virginia should not have been marked as "Gift". In reality it was "Reimbursement" by the following corporate sponsors: The Boeing Company, Kirkpatrick and Lockhart, Chemical Manufacturers Association, The Tobacco Institute, Greyhound Dial Corporation, Lanxide Corporation, Kellog Corporation, Associated Builders and Contractors, Nestle Enterprises, INc., National Association of Broadcasters, National Automobile Dealers Association, COMCAST Corporation, Electronic Industries Association, Grocery Manufacturers of America, Philip Morris Management Corporation, The Coca Cola Company, and CSX Corporation.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 2:00
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Henry J. Hyde
(Full Name)

House of Represenetaives
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Illinois District: 6	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$600	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Warner Lambert, Washington, D.C., 2-5-90	speech	$2000	
Atlantic Dry Dock, Jacksonville, Fl. 1-26-90	"	$2000	
I.B.M., Washington, D.C. , 1-24-90	"	$1500	
W.R. Grace, Washington, D.C. 2-21-90	"	$2000	
Atlantic Center for the Arts, New Smyrna Beach, Fl. 2-22/23 90	"	$2000	
Turner Broadcasting, Atlanta, GA 1-6-90	appearance	$200	
Nt'l Assoc. of Ind. Insurers, Des Plaines, Ill. 3-5-90	speech	$2000	
Nt'l Assoc. of Credit Management, Columbia, Md. 3-5-90	"	$2000	
Los Angeles Times. Los Angeles,Ca. 1-4-90	article	$250	
The New York Times, New York,New York 5-12-90	"	$75	

For additional earned income, use next page

Reporting Individual's Name

Henry J. Hyde

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Los Angeles Times, Los Angeles, Ca 2-5-90	article	$250	
Nt'l Multi Housing Council, Washington, D.C. 3-20-90	speech	$2000	
Illinois Assoc. of School Boards, Springfield, Ill. 3-10-90	"	$250	
West Publishing Co., St. Paul, Mn 4-20-90	"	$2000	
Associated Specialty Contractors, Besthesda, Md. 4-30-90	"	$1000	
Nt'l Beer Wholesalers, Falls Church, Va 5-7-90	"	$2000	
National Review, New York, New York 4-30-90	article	$500	
Am. Amusement Machine, Woodbridge, Va 5-2-90	speech	$1000	
Food Marketing Inst., Washington, D.C. 5-3-90	"	$2000	
Dayton Area Chamber of Commerce, Dayton Oh 5-16-90	"	$1000	
Turner Cable News, Atlanta Ga 7-14-90	appearance	$200	
Am. Society of Assoc. Exec's Washington, D.C. 7-30-90	speech	$2000	X 1,375
Allstate Ins. Co., Northbrook, Ill 8-31-90	"	$2000	X
National Review, New York, New York 11-5-90	article	$400	X
Illinois Gen. Assembly Retirement, Springfield, Ill	pension	$5,104.68	

Reporting Individual's Name
Henry J. Hyde

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I	II	III	IV	V	VI	VII	VIII	IX	
				none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000									none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			192 Main Street, Dover, Delaware				X							X								X							
	Congressional Federal Credit Union: Washington, D.C.					X						-			X							X							
	I.R.A. (self &spouse) Clyde, Fed. Savings, N. Riverside, Ill.					X									X							X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Henry J. Hyde

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Henry J. Hyde

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE None

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Helene Curtis, Inc. Chicago, Ill		2-25-90 3-1-90	Self and spouse, round trip airfare from Washington, D.C. to Maui, Hawaii, food and lodging, 5 days	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Henry J. Hyde

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Henry J Hyde

DATE (Month, Day, Year)
May 15, 1991

GPO 1991 27-[illegible]

191

JAMES M. INHOFE
1ST DISTRICT
OKLAHOMA

PLEASE REPLY TO:
☐ WASHINGTON OFFICE
ROOM 408
CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2211

☐ DISTRICT OFFICE
SUITE 300
201 WEST 5TH STREET
TULSA, OK 74103
(918) 581-7111

Congreſs of the United States
House of Representatives
Washington, DC 20515

PUBLIC WORKS AND TRANSPORTATION
COMMITTEE
SUBCOMMITTEES
AVIATION
ECONOMIC DEVELOPMENT
PUBLIC BUILDINGS AND GROUNDS
RANKING MEMBER

MERCHANT MARINE AND FISHERIES
COMMITTEE
SUBCOMMITTEES
COAST GUARD
AND NAVIGATION
MERCHANT MARINE

SELECT COMMITTEE ON NARCOTICS
ABUSE AND CONTROL

CONGRESSIONAL ARTS CAUCUS
EXECUTIVE COMMITTEE
CONGRESSIONAL TRAVEL AND
TOURISM CAUCUS
CONGRESSIONAL HUMAN RIGHTS CAUCUS
CO-CHAIR
AVIATION FORUM
Congressional Leaders United
for a Balanced Budget

May 16, 1991

HAND DELIVERED

✓ HC

Mr. Donnald K. Anderson
Clerk Of The House
U.S. House Of Representatives
1036 LHOB
Washington, D.C. 20515

Dear Mr. Anderson:

This letter is sent to you for the purpose of amending Page A-4 of my 1990 Financial Disclosure Statement.

A careful review of the records reflects that the University of Tulsa football and basketball tickets, shown on Page A-4 of the statement were given both to me and my seven member Tulsa District Office staff. I personally attended only one basketball game, which was a victory by the way, and the staff used the balance of the tickets.

Because my use of the tickets was minimal, i.e. well below the $75.00 aggregation/disclosure threshold, this item was erroneously added and should be deleted from my 1990 Financial Disclosure Statement.

Thank you for your consideration in this matter.

Sincerely,

James M. Inhofe
Member of Congress

JMI:dlb

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10: 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

James M. Inhofe
(Full Name)

2139 E. 32nd St.
Tulsa, Oklahoma 74105
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Oklahoma District: 1	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
American Farm Bureau Federation (2-11-90)	Speech	$2000	
Phillip Morris Management Corp (1-31-90)	Speech	$1000	
Northrop Corp Executives Breakfast (3-19-90)	Speech	$2000	
North Dakota Farm Bureau (11-12-90)	Speech	$1000	
Association of American Railroads (6-5-90)	Speech	$ 500	

For additional earned income, use next page

Reporting Individual's Name
James M. Inhofe

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:																										
S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Congressional Federal Credit Union (Account)		X										X					X									
	Tulsa Tiger Company (Receivable)				X								X									X					
S	F&M Bank (Account)			X									X						X								
S	Dominion Bank (Account)	X											X					X									
	Tulsa Tiger Company, distributive share of S-corporation	X															X	X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name

James M. Inhofe

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Unimproved Real Estate - South Padre Island, TX					X											not applic	X									
	First National Bank of Tulsa																										
	Revocable Living Trust:																										
	AIM Short Term Invest. Co.						X						X										X				
	Common Trust Fund A-Inc. fund						X						X										X				
	Common Trust Fund A-Spec. fund						X						X										X				
	Common Trust Fund A-Equity					X					X											X					
	Common Fund Equity Special Growth - Sub fund				X						X									X							
	Principal and Income Cash	X															not applic										
	AIM Short Term Investment Co.			X									X								X						
	Income Cash	X															not applic										

Reporting Individual's Name
James M. Inhofe

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	First National Bank of Tulsa Revocable Living Trust:											
	Common Trust Funds - Pooled Transactions	X	X		various	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Western National Bank, Tulsa, Oklahoma	Mortgage on South Padre Island Real Estate				X			

Reporting Individual's Name
James M. Inhofe

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Minolta	[illegible] Tournament Tickets	$50
University of Tulsa	Season Football and Basketball Tickets	$390

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute		11/30 - 12/2	Meals and housing value $220	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: James M. Inhofe

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Tulsa Tiger Company, Tulsa, Oklahoma

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 18.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year): May 13, 1991

GPO: 1991 27-089 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 [illegible] 11:28
U.S. HOUSE OF REPRESENTATIVES

ANDREW P. IRELAND
(Full Name)
2466 RAYBURN H.O.B.
(Mailing Address)
WASHINGTON, D.C. 20515

Filer Status	☑ Member of the U.S. House of Representatives — State: FLORIDA District: 10	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

✓HAND DELIVERED
MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	FRIENDS OF U.S. NATIONAL ARBORETUM	SPOUSE SALARY	NA	

For additional earned income, use next page

Reporting Individual's Name

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Paine-Webber - money market account			X									X								X						
	Fountain Square Commercial Paper			X									X								X						
	American Home Products			X							X									X							
	Bristol-Myers Squibb Co				X						X									X							
	Cincinnati Financial Corp			X							X								X								X
	Dun and Bradstreet Corp			X							X								X								

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Category of Value (X)									BLOCK C Income Type of Income (X)							Category of Amount of Income (X)									BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Exxon Corporation Common			X							X										X						
	General Electric Co			X							X								X								X
	Kellogg Co			X							X								X								X
	McDonalds Corp			X							X								X								X
	Merck and Co. Inc			X							X								X								X
	Minnesota Mining and Mfg Co			X							X								X								X
	Mobil Corp			X							X								X								
	Monsanto Co.			X							X								X								X
	National Service Industries Inc			X							X								X								X
	Pepsico Inc			X							X								X								X
	Philip Morris Companies Inc				X						X										X						[illegible]
	Sara Lee Corp			X							X								X								X
	Southwestern Bell Corp				X						X										X						
	Tribune Company			X							X								X								X
	U.S. Treasury Bonds					X							X									X					X

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	US Treasury Bonds		X		6/90				X			
	Commonwealth Edison		X		5/90		X					
	Dominion Res		X		5/90	X						
	Florida Progress		X		5/90	X						
	Browning Ferris	X			6/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Barnett Bank Polk County	Note			X				

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

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S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Browning Ferris		X		10/90		X					
	Cincinnati Financial	X			6/90		X					
	General Electric	X			6/90		X					
	Kellogg	X			6/90	X						
	Monsanto	X			6/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Commonwealth Edison		X								X								X								X
	Dominion Res		X								X								X								X
	Florida Progress			X							X								X								X
	Browning Ferris			X							X								X								X
	Pitney Bowes		X								X								X								X
	1204 LAKE ELBERT DR. WINTER HAVEN				X							X							X								X

Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Pepsico	X			6/90		X					
	Pitney-Bowes	X			6/90		X					
	Pitney-Bowes		X		10/90		X					
	Sara Lee	X			6/90		X					
	Mc Donalds	X			9/90		X					

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Merck & Co Inc	X			9/90		X					
	Newmont Mining	X			9/90		X					
	Tribune Company	X			10/90		X					
	National Service Industries	X			10/90		X					
	1204 LAKE ELBERT DR, WINTER HAVEN	X			12/90			X				

1946

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☑

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Economic Development Council - Pitt Cty [illegible]		Mar 3-6, 1994	Round Trip Air Fare Wash DC to Toronto Canada, Food & Lodging Self & Spouse	
The Congressional Institute - Princeton Conf.		Feb 23-24, 94	Transportation, Meals, Lodging.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☑

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

Andrew P. Ireland

DATE (Month, Day, Year) 5/9/91

5/13/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -3 AM 11:36
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only) 18

ANDREW JACOBS, JR.
(Full Name)

1201 W. 64th Street
(Mailing Address)

Indianapolis, Indiana 46260

Filer Status	☒ Member of the U.S. House of Representatives — State: Indiana — District: 10	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment — ☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	As an independent contractor, spouse did feature TV segments for Channel 13, WTHR, Indianapolis, during 1990	Fees	$4,300	
	I had no earned income except government salary for service in Congress.			
	Even though it was legal, I did not accept any honoraria.			

For additional earned income, use next page

1949

Reporting Individual's Name

ANDREW JACOBS, JR.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
I had no earned income except government salary for service in Congress.			
Even though it was legal, I did not accept any honoraria.			

Reporting Individual's Name

ANDREW JACOBS, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	First Indiana Federal Savings Bank-Indianapolis (Spouse checking acct)				1	0	1	5	9				X										1	1	7	4	
	2 U.S. Treasury Bills	2	0	0	0	0	0	0	0				X							1	5	4	8	9	0	0	
JT	Indiana National Bank, Indianapolis-Checking & Savings Accounts		4	9	7	1	9	7	2				X								3	2	9	9	9	0	
	U.S. House Sergeant at Arms Checking Account			1	3	2	9	3	6														0				
DC	Indiana National Bank Savings Account-Son, H.B. James Andrew Jacobs				8	1	4	9	9				X										1	4	9	9	
	Anderson Indiana Bond 9.25% (2005 AD)		7	0	0	0	0	0	0				X								6	4	7	5	0	0	

For additional assets and unearned income, use next page

ANDREW JACOBS, JR.

OPTIONAL HOLDINGS NOT REQUIRED TO BE REPORTED
NOT INCLUDED IN AND THEREFORE NOT COMPARABLE
TO TOTALS IN ORDINARY REPORTS:

Great Dane "Friend" (Housebroken: Non-liquid asset)	Priceless
Cocker Spaniel "Annie" (Housebroken: Non-liquid asset)	Priceless
A Lot of Kinds of Dog "Lady" (Housebroken: Non-liquid asset)	Priceless
1980 Omega (Red Rascal)	600.00
1978 Yellow Volkswagon Convertible (Donald Bug)	6,500.00
1985 Cadillac (Red Rustle)	7,500.00
1983 Honda (Henry Honda)	2,900.00
Home and Office Furnishings	18,000.00
Coins	285.00
Home (Fun Farm)	
1201 W. 64th Street - Indianapolis, Indiana	190,000.00
1/3 Interest in Condominium	
2009 Seaport Drive - Indianapolis, Indiana	45,000.00
Present Value of my Civil Service Retirement Account	80,451.60

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **1990** (3)

For the year Jan.–Dec. 31, 1990, or other tax year beginning , 1990, ending , 19 OMB No. 1545 0074

Label (See instructions on page 8.) Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial Last name

****** CAR-RT-SORT**CR01
If a joint WA 309-26-8562 311-62-1624 S17 30 IRS
ANDREW JR & KIMBERLY HOOD JACOBS
Home 1201 W 64TH ST 176 Apt. no.
INDIANAPOLIS IN 46260
City, town or post office, state, and ZIP code.

Your social security number 309 26 8562

Spouse's social security number 311 62 1624

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Presidential Election Campaign (See page 9.)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☒ Yes ☐ No
Note: *Checking "Yes" will not change your tax or reduce your refund*

Filing Status
Check only one box.
1 ☐ Single. (See page 10 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 10.)

Exemptions (See Instructions on page 10.)
6a ☒ **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b ☒ **Spouse**
No. of boxes checked on 6a and 6b 2

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1990
James A. Jacobs	X	311 62 2322	SON	12

If more than 6 dependents, see Instructions on page 11.

No. of your children on 6c who:
- lived with you 1
- didn't live with you due to divorce or separation (see page 11)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed
Add numbers entered on lines above ▶ 3

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*	7	95,416	66
8a	Taxable interest income *(also attach Schedule B if over $400)* ($9,950.63)	8a	18,815	73
b	Tax-exempt interest income (see page 13). DON'T include on line 8a 8b ~~8,690 83~~			
9	Dividend income *(also attach Schedule B if over $400)*	9		
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10		
11	Alimony received	11		
12	Business income or (loss) *(attach Schedule C)*	12	4,300	–
13	Capital gain or (loss) *(attach Schedule D)*	13	144	80
14	Capital gain distributions not reported on line 13 (see page 14)	14		
15	Other gains or (losses) *(attach Form 4797)*	15		
16a	Total IRA distributions 16a — 16b Taxable amount (see page 14)	16b		
17a	Total pensions and annuities 17a — 17b Taxable amount (see page 14)	17b		
18	Rents, royalties, partnerships, estates, trusts, etc. *(attach Schedule E)*	18		
19	Farm income or (loss) *(attach Schedule F)*	19		
20	Unemployment compensation (insurance) (see page 16)	20		
21a	Social security benefits 21a — 21b Taxable amount (see page 16)	21b		
22	Other income (list type and amount—see page 16)	22		
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	118,677	19

$319.07 Refund does not represent any part of deduction previously taken.

Adjustments to Income
(See Instructions on page 17.)

24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a		
b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b		
25	One-half of self-employment tax (see page 18)	25	303	78
26	Self-employed health insurance deduction, from worksheet on page 18	26		
27	Keogh retirement plan and self-employed SEP deduction	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's SSN ▶	29		
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	303	78

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57* ▶	31	118,373	41

Form 1040 (1990) Page 2

Tax Computation If you want IRS to figure your tax, see Instructions on page 19.	32	Amount from line 31 (adjusted gross income)			32	118,373	41
	33a	Check if: ☐ **You were 65 or older** ☐ Blind; ☐ **Spouse was 65 or older** ☐ **Blind.** Add the number of boxes checked above and enter the total here ▶ **33a**					
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ **33b** ☐					
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ **33c** ☐					
	34	Enter the larger of: • Your **standard deduction** (from the chart (or worksheet) on page 20 that applies to you), OR • Your **itemized deductions** (from Schedule A, line 27). If you itemize, attach Schedule A and check here ▶ ☐			34	7,966	36
	35	Subtract line 34 from line 32			35	110,407	05
	36	Multiply $2,050 by the total number of exemptions claimed on line 6e			36	6,150	—
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)			37	104,257	05
	38	Enter tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, or c ☐ Form 8615 (see page 21). (If any is from Form(s) 8814, enter that amount here ▶ d ________ .)			38	26,266	33
	39	Additional taxes (see page 21). Check if from: a ☐ Form 4970 b ☐ Form 4972			39		
	40	Add lines 38 and 39 ▶			40	26,266	33
Credits (See Instructions on page 21.)	41	Credit for child and dependent care expenses *(attach Form 2441)*	41				
	42	Credit for the elderly or the disabled *(attach Schedule R)*	42				
	43	Foreign tax credit *(attach Form 1116)*	43				
	44	General business credit. Check if from: a ☐ Form 3800 or b ☐ Form (specify) ________	44				
	45	Credit for prior year minimum tax *(attach Form 8801)*	45				
	46	Add lines 41 through 45			46		
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) ▶			47	26,266	33
Other Taxes	48	Self-employment tax *(attach Schedule SE)*			48	607	57
	49	Alternative minimum tax *(attach Form 6251)*			49		
	50	Recapture taxes (see page 22). Check if from: a ☐ Form 4255 b ☐ Form 8611			50		
	51	Social security tax on tip income not reported to employer *(attach Form 4137)*			51		
	52	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*			52		
	53	Advance earned income credit payments from Form W-2			53		
	54	Add lines 47 through 53. This is your **total tax** ▶			54	26,873	90
Payments Attach Forms W-2, W-2G, and W-2P to front.	55	Federal income tax withheld (If any is from Form(s) 1099, check ▶ ☐)	55	31,732	53		
	56	1990 estimated tax payments and amount applied from 1989 return	56				
	57	**Earned income credit** (see page 23)	57				
	58	Amount paid with Form 4868 (extension request)	58				
	59	Excess social security tax and RRTA tax withheld (see page 24)	59				
	60	Credit for Federal tax on fuels *(attach Form 4136)*	60				
	61	Regulated investment company credit *(attach Form 2439)*	61				
	62	Add lines 55 through 61. These are your **total payments** ▶			62	31,732	53
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount **OVERPAID** ▶			63		
	64	Amount of line 63 to be **REFUNDED TO YOU** ▶			64	4,858	63
	65	Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶	65				
	66	If line 54 is more than line 62, enter **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it			66		
	67	Estimated tax penalty (see page 25)	67				

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature	Date 2-7-91	Your occupation U.S. Representative
▶ Spouse's signature (if joint return, BOTH must sign) Kimberly Hood Jacobs	Date 2-7-91	Spouse's occupation T.V. Feature Talent

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		E.I. No.	
		ZIP code	

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (3)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1990

Attachment Sequence No. 07

Name(s) shown on Form 1040: ANDREW, JR. and KIMBERLY HOOD JACOBS

Your social security number: 209 : 25 : 8 2 / 311 : 62 : 1624

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*				
	1	Medical and dental expenses. (See page 27 of the Instructions.)	1			
	2	Enter amount from Form 1040, line 32 . [2]				
	3	Multiply the amount on line 2 by 7.5% (.075). Enter the result .	3			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- . . . . . ▶			4	
Taxes You Paid (See Instructions on page 27.)	5	State and local income taxes	5	6,231 33		
	6	Real estate taxes	6	1,678 88		
	7	Other taxes. (List—include personal property taxes.) ▶ Personal Property tax on Autos + TRUCK	7	56 75		
	8	Add the amounts on lines 5 through 7. Enter the total . . . . ▶			8	7,866 36
Interest You Paid (See Instructions on page 27.)	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10 . .	9a			
	b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶	9b			
	10	Deductible points. (See Instructions for special rules.) . . .	10			
	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11			
	12a	Personal interest you paid. (See page 28.) [12a]				
	b	Multiply the amount on line 12a by 10% (.10). Enter the result .	12b			
	13	Add the amounts on lines 9a through 11, and 12b. Enter the total . . . . . ▶			13	
Gifts to Charity (See Instructions on page 29.)		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.*				
	14	Contributions by cash or check	14	CHOOSE NOT TO DEDUCT		
	15	Other than cash or check. (You MUST attach Form 8283 if over $500.)	15			
	16	Carryover from prior year.	16			
	17	Add the amounts on lines 14 through 16. Enter the total . . . . ▶			17	
Casualty and Theft Losses	18	Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.) . ▶			18	
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.). ▶			19	
Job Expenses and Most Other Miscellaneous Deductions (See Instructions on page 30 for expenses to deduct here.)	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See Instructions.) ▶	20	CHOOSE NOT TO DEDUCT D.C. Expen		
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶	21			
	22	Add the amounts on lines 20 and 21. Enter the total	22			
	23	Enter amount from Form 1040, line 32. . [23]				
	24	Multiply the amount on line 23 by 2% (.02). Enter the result. .	24			
	25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0- . . . ▶			25	
Other Miscellaneous Deductions	26	Other (from list on page 30 of Instructions). List type and amount ▶			26	
Total Itemized Deductions	27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions . . . . ▶			27	7,866 36

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)	Your social security number
ANDREW, JR and KIMBERLY HOOD JACOBS	309 : 26 : 8562 311 : 62 : 1634

Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

(See Instructions on pages 13 and 30.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income		Amount	
1 Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see instructions and list that interest first.) ▶	1		
FIRST IND. SAVINGS BANK (INDPLS.)		11	74
INDIANA NATIONAL BANK (INDPLS.)		3,314	89
U.S. BOND		7,704	—
U.S. BOND		7,785	—
2 Add the amounts on line 1. Enter the total	2		
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	18,815	73

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II Dividend Income

(See Instructions on pages 13 and 31.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income		Amount	
5 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶	5		
6 Add the amounts on line 5. Enter the total	6		
7 Capital gain distributions. Enter here and on Schedule D* 7			
8 Nontaxable distributions. (See the Inst. for Form 1040, line 9.) 8			
9 Add the amounts on lines 7 and 8. Enter the total	9		
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10		

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

**If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.*

Part III Foreign Accounts and Foreign Trusts

(See Instructions on page 31.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	Yes	No
11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)		
b If "Yes," enter the name of the foreign country ▶		
12 Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		

SCHEDULE C
(Form 1040)
Department of the Treasury
Internal Revenue Service (0)

Profit or Loss From Business
(Sole Proprietorship)
Partnerships, Joint Ventures, Etc., Must File Form 1065.
▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074
1990
Attachment Sequence No. 09

Name of proprietor: KIMBERLY HOOD JACOBS
Social security number (SSN): 311 62 1624

A Principal business or profession, including product or service (see Instructions): T.V. FEATURE TALENT
B Enter principal business code (from page 2) ▶

C Business name and address (include suite or room no.) ▶ VIDIO INDIANA, INC (CONTRACT WITH)
D Employer ID number (Not SSN): 31-0864602

E Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

F Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☐ Does not apply (if checked, go to line H)

		Yes	No
G	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? (If "Yes," attach explanation.)		
H	Are you deducting expenses for business use of your home? (If "Yes," see Instructions for limitations.)		
I	Did you "materially participate" in the operation of this business during 1990? (If "No," see Instructions for limitations on losses.)		

J If this is the first Schedule C filed for this business, check here ▶ ☐

Part I Income

1	Gross receipts or sales. *Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the Instructions and check here* ▶ ☐	1	4300	–
2	Returns and allowances	2		
3	Subtract line 2 from line 1. Enter the result here	3		
4	Cost of goods sold (from line 38 on page 2)	4		
5	Subtract line 4 from line 3 and enter the gross profit here	5		
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see Instructions)	6		
7	Add lines 5 and 6. This is your gross income ▶	7	4300	–

Part II Expenses

8	Advertising	8		21	Repairs and maintenance	21	
9	Bad debts from sales or services (see Instructions)	9		22	Supplies (not included in Part III)	22	
10	Car and truck expenses (attach Form 4562)	10		23	Taxes and licenses	23	
11	Commissions and fees	11		24	Travel, meals, and entertainment:		
12	Depletion	12		a	Travel	24a	
13	Depreciation and section 179 expense deduction (not included in Part III) (see Instructions)	13		b	Meals and entertainment		
14	Employee benefit programs (other than on line 19)	14		c	Enter 20% of line 24b subject to limitations (see Instructions)		
15	Insurance (other than health)	15		d	Subtract line 24c from line 24b	24d	
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less jobs credit)	26	
b	Other	16b		27a	Other expenses (list type and amount):		
17	Legal and professional services	17					
18	Office expense	18					
19	Pension and profit-sharing plans	19					
20	Rent or lease (see Instructions):						
a	Vehicles, machinery, and equip.	20a					
b	Other business property	20b		27b	Total other expenses	27b	

28	Add amounts in columns for lines 8 through 27b. These are your total expenses ▶	28		
29	Net profit or (loss). Subtract line 28 from line 7. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see Instructions). If a loss, you MUST go on to line 30 (fiduciaries, see Instructions)	29	4300	–

30 If you have a loss, you MUST check the box that describes your investment in this activity (see Instructions). If you checked 30a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see Instructions). If you checked 30b, you MUST attach Form 6198.
30a ☐ All investment is at risk.
30b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ANDREW JACOBS, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Lawrenceburg, Indiana Bond 8.5% (2006 AD)		1	0,	0	0	0.	0	0				x									8	5	0.	0	0	
	Fairmont Indiana Bond 5.25% (1991 AD)			3,	0	0	0.	0	0				x									1	5	7.	5	0	
	Mishawaka, Indiana Bond 6.30% (1991 AD)		2	0,	0	0	0.	0	0				x								1,	2	6	0.	0	0	
	Indianapolis, Indiana Sewer Bond 3.125% (1990 AD) Matured 1-1-90					0																	0				x[1]
	Goshen, Indiana Bond 8.40% (1991 AD)		1	5,	0	0	0.	0	0				x								1,	0	2	0.	6	3	x[2]
	South Newton, Indiana Bond 3.75% (1990 AD) Matured 7-1-90					0							x	x			Interest Capital Gain					1 1	8 4	7. 4.	5 8	0 0	x[2,3]
	Indiana State University Bond 6.40% (1993 AD)		1	0,	0	0	0.	0	0				x										0				x[4]
	VA Pension (10% Disability from Marine Corps Infantry Combat)- Returned to U.S. Treasury																VA Disability Pension					9	1	2.	0	0	
S	Indiana National Bank - Spouse's IRA		3	4,	1	4	1.	6	8				x								2,	9	0	5.	0	0	x[5]

Reporting Individual's Name

ANDREW JACOBS, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	**Identification of Assets**	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
1	Cashed Matured Indianapolis Sewer Bond ($25,000)		x		1-1-90	2	5	0	0	0	0	0
2	Purchased Goshen, Indiana Bond ($15,000) and South Newton, Indiana Bond ($10,000)	x			1-1-90	2	5	0	0	0	0	0
3	Cashed Matured South Newton Bond ($10,000)		x		7-9-90		9	9	9	8	0	0
4	Purchased Indiana State University Bond ($10,000)	x			7-9-90	1	0	0	0	0	0	0
S 5	Spouse closed 401-K Retirement Account (Video, Indiana) and rolled it into existing IRA at Indiana National Bank	Rollover			2-12-90	2	2	9	1	2	5	6

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	**Creditor**	**Type of Liability**	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Zero Dollars and Cents								

Reporting Individual's Name

ANDREW JACOBS, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Zero Things and Zero Dollars and Cents.			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Zero Dollars and Cents				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

ANDREW JACOBS, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XX

Positions	Name of Organization
NONE	

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE X

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	**Yes** ☐	**No** ☒	**NA** ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	**Yes** ☐	**No** ☒	**NA** ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5 · 2 · 91

GPO 1991 37-588

Part III Cost of Goods Sold (See Instructions.)

31	Inventory at beginning of year. (If different from last year's closing inventory, attach explanation.)	31		
32	Purchases less cost of items withdrawn for personal use	32		
33	Cost of labor. (Do not include salary paid to yourself.)	33		
34	Materials and supplies	34		
35	Other costs	35		
36	Add lines 31 through 35	36		
37	Inventory at end of year	37		
38	**Cost of goods sold.** Subtract line 37 from line 36. Enter the result here and on page 1, line 4	38		

Part IV Principal Business or Professional Activity Codes

Locate the major category that best describes your activity. Within the major category, select the activity code that most closely identifies the business or profession that is the principal source of your sales or receipts. **Enter this 4-digit code on page 1, line B.** *For example, a grocery store is under the major category of "Retail Trade," and the code is "3210."* ***(Note:** If your principal source of income is from farming activities, you should file **Schedule F** (Form 1040), Farm Income and Expenses.)*

Construction

Code	
0018	Operative builders (for own account)
	General contractors
0034	Residential building
0059	Nonresidential building
0075	Highway and street construction
3889	Other heavy construction (pipe laying, bridge construction, etc.)
	Building trade contractors, including repairs
0232	Plumbing, heating, air conditioning
0257	Painting and paper hanging
0273	Electrical work
0299	Masonry, dry wall, stone, tile
0414	Carpentering and flooring
0430	Roofing, siding, and sheet metal
0455	Concrete work
0885	Other building trade contractors (excavation, glazing, etc.)

Manufacturing, Including Printing and Publishing

0638	Food products and beverages
0653	Textile mill products
0679	Apparel and other textile products
0695	Leather, footware, handbags, etc.
0810	Furniture and fixtures
0836	Lumber and other wood products
0851	Printing and publishing
0877	Paper and allied products
1032	Stone, clay, and glass products
1057	Primary metal industries
1073	Fabricated metal products
1099	Machinery and machine shops
1115	Electric and electronic equipment
1883	Other manufacturing industries

Mining and Mineral Extraction

1511	Metal mining
1537	Coal mining
1552	Oil and gas
1719	Quarrying and nonmetallic mining

Agricultural Services, Forestry, Fishing

1933	Crop services
1958	Veterinary services, including pets
1974	Livestock breeding
1990	Other animal services
2113	Farm labor and management services
2212	Horticulture and landscaping
2238	Forestry, except logging
0836	Logging
2246	Commercial fishing
2469	Hunting and trapping

Wholesale Trade—Selling Goods to Other Businesses, Etc.

	Durable goods, including machinery, equipment, wood, metals, etc.
2618	Selling for your own account
2634	Agent or broker for other firms—more than 50% of gross sales on commission
	Nondurable goods, including food, fiber, chemicals, etc.
2659	Selling for your own account
2675	Agent or broker for other firms—more than 50% of gross sales on commission

Retail Trade—Selling Goods to Individuals and Households

3012	Selling door-to-door, by telephone or party plan, or from mobile unit
3038	Catalog or mail order
3053	Vending machine selling

Selling From Showroom, Store, or Other Fixed Location

	Food, beverages, and drugs
3079	Eating places (meals or snacks)
3086	Catering services
3095	Drinking places (alcoholic beverages)
3210	Grocery stores (general line)
0612	Bakeries selling at retail
3236	Other food stores (meat, produce, candy, etc.)
3251	Liquor stores
3277	Drug stores
	Automotive and service stations
3319	New car dealers (franchised)
3335	Used car dealers
3517	Other automotive dealers (motorcycles, recreational vehicles, etc.)
3533	Tires, accessories, and parts
3558	Gasoline service stations
	General merchandise, apparel, and furniture
3715	Variety stores
3731	Other general merchandise stores
3756	Shoe stores
3772	Men's and boys' clothing stores
3913	Women's ready-to-wear stores
3921	Women's accessory and specialty stores and furriers
3939	Family clothing stores
3954	Other apparel and accessory stores
3970	Furniture stores
3996	TV, audio, and electronics
3988	Computer and software stores
4119	Household appliance stores
4317	Other home furnishing stores (china, floor coverings, etc.)
4333	Music and record stores
	Building, hardware, and garden supply
4416	Building materials dealers
4432	Paint, glass, and wallpaper stores
4457	Hardware stores
4473	Nurseries and garden supply stores
	Other retail stores
4614	Used merchandise and antique stores (except motor vehicle parts)
4630	Gift, novelty, and souvenir shops
4655	Florists
4671	Jewelry stores
4697	Sporting goods and bicycle shops
4812	Boat dealers
4838	Hobby, toy, and game shops
4853	Camera and photo supply stores
4879	Optical goods stores
4895	Luggage and leather goods stores
5017	Book stores, excluding newsstands
5033	Stationery stores
5058	Fabric and needlework stores
5074	Mobile home dealers
5090	Fuel dealers (except gasoline)
5884	Other retail stores

Finance, Insurance, Real Estate, and Related Services

5520	Real estate agents or brokers
5579	Real estate property managers
5710	Subdividers and developers, except cemeteries
5538	Operators and lessors of buildings, including residential
5553	Operators and lessors of other real property
5702	Insurance agents or brokers
5744	Other insurance services
6064	Security brokers and dealers
6080	Commodity contracts brokers and dealers, and security and commodity exchanges
6130	Investment advisors and services
6148	Credit institutions and mortgage bankers
6155	Title abstract offices
5777	Other finance and real estate

Transportation, Communications, Public Utilities, and Related Services

6114	Taxicabs
6312	Bus and limousine transportation
6361	Other highway passenger transportation
6338	Trucking (except trash collection)
6395	Courier or package delivery services
6510	Trash collection without own dump
6536	Public warehousing
6551	Water transportation
6619	Air transportation
6635	Travel agents and tour operators
6650	Other transportation services
6676	Communication services
6692	Utilities, including dumps, snowplowing, road cleaning, etc.

Services (Personal, Professional, and Business Services)

	Hotels and other lodging places
7096	Hotels, motels, and tourist homes
7211	Rooming and boarding houses
7237	Camps and camping parks
	Laundry and cleaning services
7419	Coin-operated laundries and dry cleaning
7435	Other laundry, dry cleaning, and garment services
7450	Carpet and upholstery cleaning
7476	Janitorial and related services (building, house, and window cleaning)
	Business and/or personal services
7617	Legal services (or lawyer)
7633	Income tax preparation
7658	Accounting and bookkeeping
7518	Engineering services
7682	Architectural services
7708	Surveying services
7245	Management services
7260	Public relations
7286	Consulting services
7716	Advertising, except direct mail
7732	Employment agencies and personnel supply
7799	Consumer credit reporting and collection services
7856	Mailing, reproduction, commercial art and photography, and stenographic services
7872	Computer programming, processing, data preparation, and related services
7922	Computer repair, maintenance, and leasing
7773	Equipment rental and leasing (except computer or automotive)
7914	Investigative and protective services
7880	Other business services
	Personal services
8110	Beauty shops (or beautician)
8318	Barber shop (or barber)
8334	Photographic portrait studios
8532	Funeral services and crematories
8714	Child day care
8730	Teaching or tutoring
8755	Counseling (except health practitioners)
8771	Ministers and chaplains
6882	Other personal services
	Automotive services
8813	Automotive rental or leasing, without driver
8839	Parking, except valet
8953	Automotive repairs, general and specialized
8896	Other automotive services (wash, towing, etc.)
	Miscellaneous repair, except computers
9019	TV and audio equipment repair
9035	Other electrical equipment repair
9050	Reupholstery and furniture repair
2881	Other equipment repair
	Medical and health services
9217	Offices and clinics of medical doctors (MDs)
9233	Offices and clinics of dentists
9258	Osteopathic physicians and surgeons
9241	Podiatrists
9274	Chiropractors
9290	Optometrists
9415	Registered and practical nurses
9431	Other health practitioners
9456	Medical and dental laboratories
9472	Nursing and personal care facilities
9886	Other health services
	Amusement and recreational services
8557	Physical fitness facilities
9597	Motion picture and video production
9688	Motion picture and tape distribution and allied services
9613	Videotape rental
9639	Motion picture theaters
9670	Bowling centers
9696	Professional sports and racing, including promoters and managers
9811	Theatrical performers, musicians, agents, producers, and related services
9837	Other amusement and recreational services

8888	Unable to classify

SCHEDULE D
(Form 1040)
Department of the Treasury
Internal Revenue Service (3)

Capital Gains and Losses

(And Reconcilia*ion of Forms 1099-B for Bartering Transactions)

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074

1990

Attachment Sequence No. **12A**

Name(s) shown on Form 1040: ANDREW, JR. and KIMRERLY HOOD JACOBS

Your social security number: 309 26 8562 / 311 62 1624

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) **See Instructions for line 1** 1

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.						
SOUTH NEWTON						
IND. MUNICIPAL						
BOND	12·21·87	7·4·90	9,998 —	9,853 20		144 80
2b Amounts from Schedule D-1, line 2b (attach Schedule D-1) .						
2c Total of All Sales Price Amounts. Add column (d) of lines 2a and 2b . . . ▶ 2c						
2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)						

		(f)	(g)
3 Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c .	3		
4 Short-term gain from installment sales from Form 6252, line 22 or 30	4		
5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries .	5		
6 Short-term capital loss carryover from 1989 Schedule D, line 29	6		
7 Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)	7	( )	
8 Net short-term gain or (loss). Combine columns (f) and (g) of line 7	8		144 80

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a)	(b)	(c)	(d)	(e)	(f)	(g)
9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.						
9b Amounts from Schedule D-1, line 9b (attach Schedule D-1) .						
9c Total of All Sales Price Amounts. Add column (d) of lines 9a and 9b . . . ▶ 9c						
9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)						

		(f)	(g)
10 Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c.	10		
11 Long-term gain from installment sales from Form 6252, line 22 or 30.	11		
12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries . .	12		
13 Capital gain distributions	13		
14 Gain from Form 4797, line 7 or 9	14		
15 Long-term capital loss carryover from 1989 Schedule D, line 36	15		
16 Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g).	16	( )	
17 **Net long-term gain or (loss).** Combine columns (f) and (g) of line 16.	17		

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

Schedule D (Form 1040) 1990 Attachment Sequence No. 12A Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) | Your social security number

Part III **Summary of Parts I and II**

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, **stop here** and also enter the gain on Form 1040, line 13	18	144	80
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the **smaller** of:			
a	The (loss) on line 18; **or**			
b	($3,000) or, if married filing a separate return, ($1,500)	19	(	)
	Note: *When figuring whether line 19a or 19b is **smaller**, treat both numbers as if they were positive.*			
	Go on to Part IV if the loss on line 18 is more than $3,000 ($1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.			

Part IV **Capital Loss Carryovers from 1990 to 1991**

Section A.—Carryover Limit

20	Enter taxable income from Form 1040, line 37. **(If Form 1040, line 37 is zero, see Instructions for amount to enter.)**	20		
	Note: *For lines 21 through 36, enter all amounts as positive numbers.*			
21	Enter the loss on line 19	21		
22	Enter the amount on Form 1040, line 36	22		
23	Combine lines 20, 21, and 22. If zero or less, enter -0-	23		
24	**Carryover Limit.** Enter the **smaller** of line 21 or line 23	24		

Section B.—Short-Term Capital Loss Carryover to 1991
(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25	Enter the loss on line 8			25		
26	Enter the gain, if any, on line 17	26				
27	Enter the amount on line 24	27				
28	Add lines 26 and 27			28		
29	**Short-term capital loss carryover to 1991.** Subtract line 28 from line 25. If zero or less, enter -0-			29		

Section C.—Long-Term Capital Loss Carryover to 1991
(Complete this section only if there is a loss on both line 17 and line 19.)

30	Enter the loss on line 17			30		
31	Enter the gain, if any, on line 8			31		
32	Enter the amount on line 24	32				
33	Enter the amount, if any, on line 25	33				
34	Subtract line 33 from line 32. If zero or less, enter -0-			34		
35	Add lines 31 and 34			35		
36	**Long-term capital loss carryover to 1991.** Subtract line 35 from line 30. If zero or less, enter -0-			36		

Part V **Election Not to Use the Installment Method** (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method ▶ ☐
38 Enter the face amount of the note or other obligation ▶
39 Enter the percentage of valuation of the note or other obligation ▶

Part VI **Reconciliation of Forms 1099-B for Bartering Transactions** (Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

			Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule	
40	Form 1040, line 22	40		
41	Schedule C (Form 1040)	41		
42	Schedule D (Form 1040)	42		
43	Schedule E (Form 1040)	43		
44	Schedule F (Form 1040)	44		
45	Other form or schedule (identify) (if nontaxable, indicate reason—attach additional sheets if necessary):	45		
46	Total (add lines 40 through 45)	46		

Note: *The amount on line 46 should be the same as the tot ng income on all Forms 1099-B and substitute statements received for bartering transacti*

SCHEDULE SE
(Form 1040)
Department of the Treasury
Internal Revenue Service (0)

Social Security Self-Employment Tax

▶ **See Instructions for Schedule SE (Form 1040).**
▶ **Attach to Form 1040.**

OMB No. 1545-0074
1990
Attachment Sequence No. 17

Name of person with **self-employment** income (as shown on Form 1040) | Social security number of person with **self-employment** income ▶

Who Must File Schedule SE

You must file Schedule SE if:

- Your net earnings from self-employment were $400 or more; **OR**
- You were an employee of an electing church or church-controlled organization that paid you wages (church employee income) of $100 or more;

AND

- Your wages (subject to social security or railroad retirement tax) were less than $51,300.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, AND you filed **Form 4361** and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 48.

For more information about Schedule SE, see the Instructions.

Note: *Most people can use the short Schedule SE on this page. But, you may have to use the longer Schedule SE on the back.*

Who MUST Use the Long Schedule SE (Section B)

You must use Section B if ANY of the following apply:

- You elect the "optional method" to figure your self-employment tax (see Section B, Part II, and the Instructions);
- You are a minister, member of a religious order, or Christian Science practitioner and you received IRS approval (from **Form 4361**) not to be taxed on your earnings from these sources, but you owe self-employment tax on other earnings;
- You had church employee income of $100 or more that was reported to you on Form W-2;
- You had tip income that is subject to social security tax, but you did not report those tips to your employer; OR
- You were a government employee with wages subject ONLY to the 1.45% Medicare part of the social security tax (Medicare qualified government wages) AND the total of **all** of your wages (subject to social security, railroad retirement, or the 1.45% Medicare tax) plus **all** your earnings subject to self-employment tax is **more** than $51,300.

Section A—Short Schedule SE (Read above to see if you must use the long Schedule SE on the back (Section B).)

1	Net farm profit or (loss) from Schedule F (Form 1040), line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1		
2	Net profit or (loss) from Schedule C (Form 1040), line 29, and Schedule K-1 (Form 1065), line 15a (other than farming). See Instructions for other income to report.	2	4300	-
3	Combine lines 1 and 2. Enter the result	3	4300	-
4	Multiply line 3 by .9235. Enter the result. If the result is less than $400, do not file this schedule; you do not owe self-employment tax ▶	4	3971	05
5	Maximum amount of combined wages and self-employment earnings subject to social security or railroad retirement (tier 1) tax for 1990	5	$51,300	00
6	Total social security wages and tips (from Form(s) W-2) and railroad retirement compensation (tier 1). Do not include Medicare qualified government wages on this line	6	0	
7	Subtract line 6 from line 5. Enter the result. If the result is zero or less, do not file this schedule; you do not owe self-employment tax ▶	7	51300	
8	Enter the **smaller** of line 4 or line 7	8	3971	05
9	Rate of tax	9	x.153	
10	**Self-employment tax.** If line 8 is $51,300, enter $7,848.90. Otherwise, multiply the amount on line 8 by the decimal amount on line 9 and enter the result. Also enter this amount on Form 1040, line 48 **Note:** *Also enter one-half of this amount on Form 1040, line 25.*	10	607	57

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule SE (Form 1040) 1990**

Schedule SE (Form 1040) 1990 Attachment Sequence No. 17 Page 2

Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income ▶

Section B—Long Schedule SE (Before completing, see if you can use the short Schedule SE on the other side (Section A).)

A If you are a minister, member of a religious order, or Christian Science practitioner, AND you filed **Form 4361**, but you had $400 or more of **other** earnings subject to self-employment tax, continue with Part I and check here . . . . ▶ ☐

B If your only income subject to self-employment tax is church employee income and you are not a minister or a member of a religious order, skip lines 1 through 4b. Enter -0- on line 4c and go to line 6a. But **do not** include your church employee income on line 6a.

Part I **Social Security Self-Employment Tax**

1	Net farm profit or (loss) from Schedule F (Form 1040), line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. (**Note:** *Skip this line if you elect the farm optional method. See requirements in Part II below and in the Instructions.*)	1		
2	Net profit or (loss) from Schedule C (Form 1040), line 29, and Schedule K-1 (Form 1065), line 15a (other than farming). See Instructions for other income to report. **Do not** include church employee income from Form W-2 on this line. (**Note:** *Skip this line if you elect the nonfarm optional method. See requirements in Part II below and in the Instructions.*)	2		
3	Combine lines 1 and 2. Enter the result	3		
4a	If line 3 is more than zero, multiply line 3 by .9235. Otherwise, enter the amount from line 3 here	4a		
b	If you elected one or both of the optional methods, enter the total of lines 12 and 14 here	4b		
c	Combine lines 4a and 4b. If less than $400, **do not** file this schedule; you **do not** owe self-employment tax. (**Exception:** *If less than $400 and you had church employee income, enter -0- and continue.*) ▶	4c		
5	Maximum amount of combined wages and self-employment earnings subject to social security or railroad retirement (tier 1) tax for 1990	5	$51,300	00
6a	Total social security wages and tips (from Form(s) W-2) and railroad retirement compensation (tier 1). **Do not** include Medicare qualified government wages or church employee income on this line . . . 6a			
b	Unreported tips subject to social security tax (from Form 4137, line 9) or railroad retirement tax (tier 1) . . . 6b			
c	Add lines 6a and 6b. Enter the total	6c		
7a	Subtract line 6c from line 5. If zero or less, do not file this schedule; you **do not** owe self-employment tax ▶	7a		
b	Enter your church employee income from Form W-2 of $100 or more . . . 7b			
c	Multiply line 7b by .9235 (if the result is less than $100, enter -0-) . . . 7c			
d	Add lines 4c and 7c. Enter the total ▶	7d		
8	Enter the **smaller** of line 7a or line 7d	8		
9	Enter your Medicare qualified government wages. See Instructions to see if you must use the worksheet in the Instructions to figure your self-employment tax . 9			
10	**Self-employment tax.** If line 8 is $51,300, enter $7,848.90. Otherwise, multiply line 8 by .153 and enter the result. Also enter this amount on Form 1040, line 48 **Note:** *Also enter one-half of this amount on Form 1040, line 25.*	10		

Part II **Optional Method To Figure Net Earnings** (See "Who Can File Schedule SE" in the Instructions.)

See Instructions for limitations. Generally, you may use this part only if:

A Your **gross farm income**[1] was not more than $2,400; or

B Your **gross farm income**[1] was more than $2,400 and your **net farm profits**[2] were **less** than $1,733; or

C Your **net nonfarm profits**[3] were less than $1,733 and also less than two-thirds (⅔) of your **gross nonfarm income**.[4]

11	Maximum income for optional methods	11	$1,600	00
12	**Farm Optional Method**—If you meet test A or B above, enter the **smaller** of: two-thirds (⅔) of gross farm income[1] or $1,600. Also include this amount on line 4b above	12		
13	Subtract line 12 from line 11. Enter the result	13		
14	**Nonfarm Optional Method**—If you meet test C above, enter the **smallest** of: two-thirds (⅔) of gross nonfarm income[4] or $1,600; **or**, if you elected the farm optional method, the amount on line 13. Also include this amount on line 4b above	14		

[1] From Schedule F (Form 1040), line 11, and Schedule K-1 (Form 1065), line 15b.

[2] From Schedule F (Form 1040), line 36, and Schedule K-1 (Form 1065), line 15a.

[3] From Schedule C (Form 1040), line 29, and Schedule K-1 (Form 1065), line 15a.

[4] From Schedule C (Form 1040), line 7, and Schedule K-1 (Form 1065), line 15c.

For Paperwork Reduction Act Notice, see Form 1040 Instructions. **Schedule SE (Form 1040) 1990**

*U.S. Government Printing Office: 1990 — 265-207

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 13 PM 12:29
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

CRAIG T. JAMES
(Full Name)

1408 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: FLORIDA District: 4	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
*	ZIMMERMAN, PAUL & BAUER	Deferred Fee Payment Earned Prior To 1-1-89	138,910	

For additional earned income, use next page

Financial Disclosure A-1

* SEE ATTACHED STATEMENT

1967

Reporting Individual's Name

CRAIG T. JAMES

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples. S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	AMERICAN TEL & TEL STOCK			X							X								X								
S	AMERITECH STOCK		X								X								X								
S	BELL ATLANTIC STOCK		X								X								X								
S	BELL SOUTH STOCK		X								X								X								
S	NYNEX STOCK		X								X								X								
S	PACIFIC TELESIS STOCK		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
CRAIG T. JAMES

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	SOUTHWESTERN BELL STOCK		X								X								X								
S	U.S. WEST STOCK		X								X								X								
JT	1ST COMMUNITY BANK STOCK ORANGE CITY, FL		X															X									
JT	CENTRAL FLORIDA FED LAND BANK STOCK ORLANDO, FL		X															X									
JT	DEAN WITTER SEARS LIQUID ASSETS INTERCAPITAL MONEY MARKET FUND		X								X								X								
JT	FIRST UNION BANK, DELAND, FL MONEY MARKET ACCOUNT					X							X									X					
JT	FIRST UNION BANK, DELAND, FL CHECKING ACCOUNT			X														X									
JT	SARGEANT AT ARMS, HOUSE OF REP WASHINGTON, D.C.-CHECKING ACCOUNT		X															X									
JT	SURETY BANK, DELAND, FL-SAVINGS				X								X								X						
JT	SOUTHTRUST BANK, DELAND, FL CERT OF DEP (MATURED 7/90)	X											X									X					
S	FIRST UNION BANK F/K/A FLORIDA NAT'L BANK, DELAND, FL-IRA ACCOUNTS		X										X						X								
S	BARNETT BANK, F/K/A EMPIRE OF AMERICA DELAND, FL-IRA ACCOUNTS		X										X							X							
	FIRST UNION BANK F/K/A FLORIDA NATIONAL BANK, DELAND, FL - IRA ACCOUNTS		X										X						X								
	BARNETT BANK, F/K/A EMPIRE OF AMERICA DELAND, FL - IRA ACCOUNTS			X									X							X							
JT	MUNICIPAL INVESTMENT TRUST #163 INCLUDING TAX FREE ACCUM. ACCT			X									X								X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
CRAIG T. JAMES

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	ZIMMERMAN, PAUL & BAUER, DELAND, FL EMPLOYEES SAVINGS TRUST/RETIRE. PLAN			X									X								X						
JT	T.J. LAWRENCE, DELAND, FL NOTE RECEIVABLE (PAID IN FULL 1990)	X											X	X					X			X					
	ZIMMERMAN & PAUL, DELAND, FL NOTE RECEIVABLE			X									X	X						X X							
	COMMITTEE TO RE-ELECT CONGRESSMAN CRAIG JAMES - NOTE RECEIVABLE					X												X									
	JAMES, ZIMMERMAN & PAUL-DELAND, FL 1/3 INT. IN PARTNERSHIP CONSISTING OF REAL ESTATE RELATED ASSETS					X							X	X			X Disb. share partnership			X X	X						
	PIERSON FERNERY, PIERSON, FL ACCOUNTS RECEIVABLE			X														X									
	PIERSON FERNERY, PIERSON, FL PASSIVE AGRICULTURE ACTIVITY																Passive Agricult.	X	(Net)				(Gross)		X		
	CONTIGUOUS PARCEL I FERNERY & EQUIPMENT 25% INTEREST					X																					
	CONTIGUOUS PARCEL II FERNERY, EQUIPMENT, & 80 UNIMPROVED ACRES -33% INT.							X																			
	CRAIG T. JAMES, DELAND, FL OFFICE FURNITURE AT BOOK VALUE	X																X									
	LOT, ASTOR, FL - 26.4% INTEREST	X												X					X								X

Reporting Individual's Name

CRAIG T. JAMES

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	LOT, ASTOR, FL - 26.4% INTEREST		X		4/26/90	X						

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	CENTRAL FLORIDA FEDERAL LAND BANK, ORLANDO, FL	MORTGAGE ON FERNERY, PIERSON, FL		X					
	GREGORY S. JAMES	BALANCE OWED FOR FERNERY IMPROVEMENTS-SATISFIED DURING 1990		X					

Reporting Individual's Name
CRAIG T. JAMES

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
ROBERT SINGLETON, WEST VIRGINIA	ART POSTER	200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

CRAIG T. JAMES

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
GENERAL PARTNER	JAMES, ZIMMERMAN & PAUL, DELAND, FL
OWNER	PIERSON FERNERY, PIERSON, FL

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
* 12/31/88	CRAIG T. JAMES AND ZIMMERMAN, PAUL & BAUER	DEFERRED COMPENSATION FROM FORMER LAW FIRM FOR SERVICES BEFORE CONGRESS

* SEE ATTACHED SCHEDULE

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Craig T. James	MAY 10, 1991

GPO 1991 37-580

CRAIG T. JAMES
FINANCIAL DISCLOSURE STATEMENT
1990

PAGE A-1, PART 1 - EARNED INCOME, INCLUDING HONORARIA

PAGE A-5, PART IX - AGREEMENTS

AS PART OF THE SALE OF HIS SHARE OF THE LAW FIRM, JAMES, ZIMMERMAN & PAUL, CERTAIN FEES WHICH WERE EARNED IN 1988 ARE BEING PAID TO MR. JAMES AS THEY ARE COLLECTED BY THE LAW FIRM. PURSUANT TO DISCUSSIONS WITH THE STANDARD OF CONDUCT COMMITTEE THESE FEES DO NOT COUNT AGAINST THE EARNED INCOME LIMIT FOR 1990.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS AND REGISTRATION
1991 MAY 21 AM 7:56
U.S. HOUSE OF REPRESENTATIVES

William Jennings Jefferson
(Full Name)

506 Cannon Building, Washington D.C.
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: LA District: 2	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MAY 15 1991 (6)
MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
State Senate	Salary	$24,500.00	
Legal Practice	Salary/Bonuses	297,000.00	
Southern University of New Orleans	Spouse's Salary	52,000.00	

For additional earned income, use next page

Financial Disclosure A-1

Reporting Individual's Name
William Jennings Jefferson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouses (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	/ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			162 Main Street, Dover, Delaware				X							X								X							
			Investment Property:																										
			Residential Rental Property 33 Units, 2712 Loyola, N.O.,LA					X						X															
			Residential Rental Property 16 Units, 1520-24 Kings Rd. LA				X							X															
			Residential Rental Property Rte. 3 Box 26 Lake Providence LA				X							X															
			Farmland- 40 acres Rte. 3 Box 26 Lake Providence LA			X								X															
			Farmland- 5 acres Rte. 3 Box 26 Lake Providence LA		X									X															

(For additional assets and unearned income, use next page

1976

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

William Jennings Jefferson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Jefferson, Bryan, Jupiter, etal (shares in legal corporation)							X			X																
	Residential Rental Property 12 units 1415 Esplanade N.O. LA			X								X															
	Jefferson for Mayor Campaign Committee					X												X									
	Jefferson Committee for Congress				X													X									

1977

Reporting Individual's Name
William Jennings Jefferson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Jefferson, Bryan, Jupiter, et al shares/business concern		X								X	

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Home Savings & Loan (Mortgage loan), N.O.	Mortgage on 1520-32 Kings Rd.					X		
	Commonwealth Savings, N.O.	Mortgage on 2712 Loyola and 1415 Esplanade.					X		
	First National Bank of Commerce, N.O.	secured and unsecured loan		X					
	Peoples Bank and Trust Co., Chalmette, LA	unsecured loan			X				
	Hibernia National Bank, N.O.	secured loan		X					

Reporting Individual's Name
William Jennings Jefferson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

1979

Reporting Individual's Name
William Jennings Jefferso

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Managing Attorney	Jefferson, Bryan, Jupiter, Lewis and Blanson (legal firm)
Secretary A&A Investments	A&A Investments

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 16.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) 5/15/91

GPO 1991 37-580 (n)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 JUN 21 AM 7:45
U.S. HOUSE OF REPRESENTATIVES

✓ INSIDE MAIL ⑥
MC
(Office Use Only)

William Jennings Jefferson
(Full Name)

506 Cannon Building, Washington D.C.
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: LA District: 2	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1981, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1980)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1980)	Article	$500	X
	ABC Corporation	Director's Fee	$9,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	State Senate	Salary	$24,500.00	
	Legal Practice	Salary/Bonuses	297,000.00	
	Southern University of New Orleans	Spouse's Salary	52,000.00	

For additional earned income, use next page

1981

William Jennings Jefferson

1982

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Investment Property:																												
	Residential Rental Property 33 Units, 2712 Loyola, N.O.,LA							X						X											X				NONE
	Residential Rental Property 16 Units, 1520-24 Kings Rd. LA						X							X						X									NONE
	Residential Rental Property Rte. 3 Box 26 Lake Providence LA						X							X											X				NONE
	Farmland- 40 acres Rte. 3 Box 26 Lake Providence LA					X								X									X						NONE
	Farmland- 5 acres Rte. 3 Box 26 Lake Providence LA				X									X									X						NONE

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

William Jennings Jefferson

1983

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Jefferson, Bryan, Jupiter, etal (shares in legal corporation)							X						X											X		X
	Residential Rental Property 12 units 1415 Esplanade N.O. LA			X								X															
	Jefferson for Mayor Campaign Committee ; loan rec.					X												X									
	Jefferson Committee for Congress ; loan rec.				X													X									X

Reporting Individual's Name

William Jennings Jefferson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Jefferson, Bryan, Jupiter, et al shares/business concern		X		12-31-90						X	

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Home Savings & Loan (Mortgage loan), N.O.	Mortgage on 1520-32 Kings Rd.					X		
	Commonwealth Savings, N.O.	Mortgage on 2712 Loyola and 1415 Esplanade		X		X			
	First National Bank of Commerce, N.O.	secured and unsecured loan		X					
	~~First National Bank, Lake Providence~~	~~secured and unsecured loan~~		X					
	Peoples Bank and Trust Co., Chalmette, LA	unsecured loan			X				
	Hibernia National Bank, N.O.	secured loan		X					

Reporting Individual's Name
William Jennings Jefferson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $300 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1989	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1989	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

1985

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William Jennings Jefferso

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Managing Attorney	Jefferson, Bryan, Jupiter, Lewis and Blanson (legal firm)
Secretary A&A Investments	A&A Investments

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
12-30-90	Jefferson, Bryan, Jupiter, et al and W. J. Jefferso	Agreement to redeem (purchase) share and buy /sell active law practice an related property; $824,000 payable over up to ten years, 8.25% interest until paid.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
6/20/91

1986

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 1:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Ed Jenkins
(Full Name)

2427 Rayburn Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ XX Member of the U.S. House of Representatives — State: Georgia District: 9th	☐ Officer or Employee	Employing Office:
Report Type	☒ XX Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	02/08/90 American Council for Capital Formation	Honorarium Speech	$ 2000	
	02/23/90 Equitable Real Estate & Agri Business Employees	Honorarium Speech	$ 2000	
	03/08/90 Carpet & Rug Institute	Honorarium Speech	$ 2000	
	03/08/90 Smokeless Tobacco Council	Honorarium Speech	$ 1000	
	03/14/90 American Trucking Association	Honorarium Speech	$ 1000	
	04/03/90 Peat Marwick	Honorarium Speech	$ 1000	
	04/04/90 American Insurance Association	Honorarium Speech	$ 2000	
	04/23/90 R. Duffy Wall & Associates	Honorarium Speech	$ 2000	
	05/21/90 International Assoc. for Financial Planners	Honorarium Speech	$ 1000	
	06/13/90 Air Transport Association of America	Honorarium Speech	$ 1500	

For additional earned income, use next page

1987

Reporting Individual's Name
Congressman Ed Jenkins

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
06/15/90 Massachusetts Mutual	Honorarium Speech	$ 2000	
06/19/90 Securities Industry Association	Honorarium Speech	$ 2000	
08/02/90 Mutual Life Insurance Legislative Committee	Honorarium Speech	$ 2000	
08/02/90 Independent Automobile Dealers Association	Honorarium Speech	$ 1500	
09/11/90 Unocal Corporation	Honorarium Speech	$ 2000	
09/19/90 American Insurance Association	Honorarium Speech	$ 2000	(X)

1988

Reporting Individual's Name
Congressman Ed Jenkins

1989

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Savings Account, Jasper Banking Co. Jasper, Ga.			X									X								X						
			Savings Account, Pickens County Bank Jasper, Ga.	X											X							X							
			Stock, Citizens Bank, Ballground, Ga.			X							X									X							
			1/3 interest-120 acres timberland Jasper, Ga.			X														X									
			5 acres Pineywood Subdivision (8 lots), Jasper, Ga.			X														X									
			Lot 20, Cove Mountain Subdivision, Jasper, Ga.		X															X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Congressman Ed Jenkins

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	15 acres, Foxrun Subdivision, Jasper, Ga.				X													X									
	82 acres, Pickens Co., Ga. (includes rental house)					X						X								X							
	200 acres, Pickens Co., Ga., farm, Talking Rock, Ga.					X						X							X								
S	Store Building, 201 N.W. Street Jasper, Ga.				X							X										X					
S	1/2 interest - 100 acre farm, Union Co., Ga.				X													X									
	Joint ownership of partnership land holdings:		X															X									
	(1) Sharpton Ridge, Jasper, Ga.(15%)																										
	Timber Sale, Jasper, Ga.																					X					

1990

Reporting Individual's Name

Congressman Ed Jenkins

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

1991

Reporting Individual's Name
Congressman Ed Jenkins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Equitable Real Estate & Agri-Business Employees	02/23/90	Roundtrip airfare from D.C. to Atlanta, Georgia	
American Gas Association	03/01/90	Airfare from D.C. to San Diego, Atlanta, back to D.C. plus one night's hotel accommodations	
Massachusetts Mutual	06/15/90	Roundtrip airfare from D.C. to Atlanta, Georgia	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Congressman Ed Jenkins

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Reinhardt College, Waleska, Georgia
Trustee	Young Harris College, Young Harris, Georgia

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** ☐ **No** XX **NA** ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** ☐ **No** XX **NA** ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1991

GPO: 1991 37-388 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] 15 [illegible] 4:14
[illegible] REPRESENTATIVES

Nancy Lee Johnson
(Full Name)

227 Cannon Building
Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: CT District: 6 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

HAND DELIVERED

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Grove Hill Medical Center	Spouse Salary	NA	

For additional earned income, use next page

1994

Reporting Individual's Name
Nancy Lee Johnson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Stanley Works Stock						X						X										X						
	Investment Assoc. (Grove Hill Med. Ctr.)					X							X								X								
	Conn. General Realty Investors				X										X									X					
	785-7 Corbin Ave., New Britain							X						X										X					
	Fidelity Government Securities					X									X							X							
	American Savings Bank			X											X					X									

For additional assets and unearned income, use next page

1995

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Nancy Lee Johnson

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset, Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income, Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	First City Bank (New Britain, CT)			X									X						X								
	Fleet Bank			X									X							X							
	ICC Harbin		X										X					X									
	Conn. Tax-Free High Yield (Fidelity)				X								X	X				X			X						X
	Conn. Municipal Money Mk. Portfolio		X										X						X								
	Nuveen Muni. Bond Fund			X									X	X				X		X							
	Fidelity OTC Portfolio		X								X							X									
	Fidelity Overseas Fund		X								X			X				X	X								
	USAA Cornerstone Fund		X								X								X								
	Evergreen Fund		X								X								X								
	USAA Money Market		X								X								X								
	Paine Webber Inv. Grade Bond Portfolio		X								X								X								
	Scott Paper Co. Stock		X								X								X								
	Paine Webber Cash Fund	X									X							X									
	Shadow Stock Fund		X								X							X									

1996

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Nancy Lee Johnson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alter-native valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Mutual Shares Fund		X								X			X				X									
	Ivy Growth Fund		X								X			X				X									
	CGM Mutual Fund (formerly Loomis) Sayles		X								X							X									
	U.S. Treasury Notes			X									X							X							
	Financial Tax Free Money Fund		X										X					X									
	Nuveen Tax Exempt Unit Trusts			X									X								X						
	Boston Fund		X								X							X									
	Paine Webber Mutual Fund		X										X						X								
	Lexington Money Market Fund		X										X					X									
	Fidelity Spartan Money Market Fund (IRA)			X									X							X							
	Pension Fund, Grove Hill Med. Ctr.																								X		
	Integrated Resources, real estate ltd. partnership		X											X				X									

1997

Reporting Individual's Name
Nancy Lee Johnson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Tax-Free High Yield	X			6-4-90	X						
	Lindner Dividend Fund (IRA)	X			3-8-90	X						
	Vanguard Extended 500 Fund (IRA)	X			3-8-90	X						
	Fidel. Real Estate Port. exchanged for FIdel. Utilities Income			X	3-90	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Fleet Bank, New Britain, CT	Mortgage on 785-7 Corbin Ave., New Britain, CT		X					
	Barritt Bank, New Britain, CT	Personal note (unsecured)			X				

NANCY L. JOHNSON
6TH DISTRICT, CONNECTICUT

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEES:
HEALTH
HUMAN RESOURCES

HOUSE EXPORT TASK FORCE
VICE CHAIRMAN

Congreſs of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
119 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE: (202) 225-4476

NEW BRITAIN OFFICE
1 GROVE STREET
NEW BRITAIN, CT 06053
TELEPHONE: (203) 223-8412

ENFIELD OFFICE
278 HAZARD AVENUE
ENFIELD, CT 06082
TELEPHONE: (203) 745-5722

June 20, 1991

②

HAND DELIVERED

✓ MC

The Hon. Louis Stokes
Chairman

The Hon. James Hansen
Ranking Minority Member

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Mr. Chairman and Ranking Member:

I am writing to provide the Committee with additional information pertaining to my Financial Disclosure Statement. It is my intention that this letter and the attached summary worksheet will serve as an amendment to my Statement, and I would appreciate your review of it at your earliest convenience. If you need any additional information, I would be happy to provide it for you as soon as possible.

Very truly yours,

Nancy L. Johnson
Nancy L. Johnson
Member of Congress

Attachment

Investment Associates: Reported in 1990 but not in 1989. Spouse participates in real estate holding entity (known as Grove Hill Realty prior to 1987) of employer. Value is category C. Income is category II. Amend 1987-1989 reports to show asset and income.

Connecticut General Realty Investors: Reported in 1990 but not in 1989. Limited partnership. Value is category B. Income reported incorrectly as category V, should be category II. Amend 1989 report to show asset and 1989 and 1990 reports to show income.

Connecticut Municipal Money Market Portfolio: Reported in 1990 but not in 1989. Purchased in October 1989. Value is category B. Amend 1989 report to show transaction and asset.

Paine-Webber Grade Bond Portfolio and Scott Paper Stock: Reported in 1990 but not in 1989. Both purchased in January 1990. Amend 1990 report to show transactions.

U.S. Treasury Notes: Reported in 1990 but not in 1989. Purchased in November 1990. Amend 1990 report to show transaction.

Paine-Webber Mutual Fund: Reported in 1990 but not in 1989. Purchased in February 1989. Asset value is category B. Amend 1989 report to show transaction and asset.

Investors Capitol Corporation and ICC-Georgia: Reported in 1989 but not in 1990. These two entries are actually the same asset, which is a limited partnership that was terminated in 1989 at a net loss. It produced no income, category I. Amend 1989 report to correct double reporting error and show transaction.

Fidelity International Growth & Income Fund: Reported in 1989 but not in 1990. Asset still held. This is an IRA Value is category B. Income is category II. Amend 1990 report to show asset and income.

Fidelity Connecticut Tax-Free Bond Fund: Reported in 1989 but not in 1990. Asset still held. Value still is category C. Dividend income is category IV. Amend 1990 report to show asset and income.

First City Bank Stock: Reported in 1989 but not in 1990. Asset still held. Value is category C. Yielded no income, category I. Amend 1990 report to show asset and income.

Gino's Associates: Not reported in 1990. This asset lost value in 1989-1990. This is a limited partnership held by spouse since pre-1983. Value is category C. Income for 1983-1988 is category III. No income for 1989-1990, category I. Amend 1983-1990 reports to show asset and income.

Salisbury Land Associates: Not reported in 1990. This is a limited real estate partnership investment with a disputed current value. Purchased in June 1989 and still held. The corresponding mortgage liability was reported in 1990 but not in 1989. The value of spouse's interest is category E. It has not produced income, category I. Amend 1989 report to show transaction and 1989 and 1990 reports to show asset.

Reporting Individual's Name
Nancy Lee Johnson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute	Jan 10-15	travel, lodging and food for conference on US-USSR relations in Jamaica for self and spouse	
Aspen Institute	Aug 25-31	travel, lodging and food for conference and fact-finding on US-Eastern Europe in Czechoslovakia for self and spouse	
Utah Women's Conference	Nov 15-16	travel, lodging and food for conference on women's issues in in Salt Lake City, Utah	
Natl Council of Community Hospitals	11/16-18	travel, lodging and food for conference on health care issues in Santa Barbara, CA for self and spouse	
Kent County Republicans	April 10	travel only for Lincoln Day speech in Grand Rapids, MI	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

1999

Reporting Individual's Name
Nancy Lee Johnson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** ☐ **No** ☐ **NA** ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** ☐ **No** ☐ **NA** ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** May 15, 1991

GPO 1991 37-586 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 14 AM 11:32
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Timothy Peter Johnson
(Full Name)
428 CANNON HOB
(Mailing Address)
Washington DC. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: District:	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment ☐ Termination Termination Date:

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SD CHIROPRACT. ASSN	HONORARIUM	300.00	
	Western States Water & Power Con'f. Conf.	"	2000.00	
	Bd of Trade, City of Chicago	"	750.00	
	Chicago Mercantile Exchange	"	750.00	
	Midwest Electric Consumers Assn	"	500.00	
	Farmland Industries	"	1000.00	
	Fairfax Co (VA) Public Schools Springfield VA.	Spouse Salary	N/A	

For additional earned income, use next page

Financial Disclosure A-1

2003

Reporting Individual's Name
Tim Johnson

2004

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		x								x								x								x
	George Wash. Credit Union Accounts			x									x								x						
	182 Main Street, Dover, Delaware				x							x								x							
JT	102 N Plum Vermillion SD				X							X						X									
"	716 E National "		X									X						X									
"	Apple Fed Cred Union Acct	X											X					X									
"	1st Am Bank Acct		X										X						X								
"	Household Bank Acct		X										X						X								
"	Home Trust S&L		X										X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Tim Johnson

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Community 1st St Bank Acct		X							—			X					X									

Financial Disclosure A-2(a)

2005

Reporting Individual's Name
Tim Johnson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	HomeTrust S&L VERMillion SD	Mtg. on 102 N PLUM & 716 E NATIONAL VERMILLION, S.D.		X					

Reporting Individual's Name
Tim Johnson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors & Assn for Pub Broadcasting	Civil War documentary videotapes	$175.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chic. Bd of Trade - Speech		Dec. 4,5 '90	Rd Trip Air DC to Chic. 2 nights lodging 1 day food, Transp	
Chic Mercantile Ex- Speech		"	" -	
<costs of this trip		divided	between Bd Trade & Merc. Exch.>	
West States Wat/Power Speech		Aug 27,28 '90	Rd Trip Air DC-Omaha, Nb 1 night lodging 1 day food, Transp.	
Midwest Elec. Consumers Speech		Dec 12,13 '90	Rd Trip Air DC - Denver Col. 1 night lodging 1 day food Transp.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Farmland Industries Speech Dec 5.6 '90 Rd Trip Air Chicago - KC - Chicago 1 day, 1 night lodging, food, Transp.

2007

Reporting Individual's Name
Tim Johnson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** ☐ **No** ☒ **NA** ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** ☐ **No** ☒ **NA** ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Tim Johnson

DATE (Month, Day, Year)
4-19-91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible]
91 MAY 15 PM 4:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERE

Harry A. Johnston, II
(Full Name)

1028 Longworth House Office Building
(Mailing Address)

Washington, D. C. 20515

Filer Status ☒ Member of the U.S. House of Representatives State: Florida District: 14 ☐ Officer or Employee Employing Office: ______

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) 36

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Jones, Foster, Johnston & Stubbs, P.A.	Salary (See att. ltr)	$120,539.06	

2009

For additional earned income, use next page

Reporting Individual's Name

Harry A. Johnston, II

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:																										
S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Ameritech		X								X								X								
	AT&T		X								X								X								
	Bear Stearns & Co.	X									X							X									
	Bell Atlantic		X								X								X								
	Bell South		X								X								X								
	Exxon Corp.			X							X									X							

For additional assets and unearned income, use next page

2010

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Harry A. Johnston, II

BLOCK A		BLOCK B									BLOCK C																BLOCK D
Asset and/or Income Source		Valuation of Asset									Income																
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	First Union Corp.				x						x										x						
J	First Union Corp.		x								x								x								
	FPL Group, Inc.			x							x									x							
	General Electric		x								x								x								
	General Motors		x								x								x								
	J. C. Penney		x								x								x								
	McKesson Corp.			x							x								x								
	NYNEX		x								x							x									
	Pacific Telesis Group		x								x							x									
S	Ramapo Financial		x								x								x								
	Southwestern Bell Corp.		x								x							x									
	The Greyhound Corp.		x								x								x								
	Transamerica, Inc. Shares		x								x							x									
	U. S. West		x								x							x									
	Prudential-Bache (See Exhibit 1)				x						x										x						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Harry A. Johnston, II

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Prudential-Bache (See Exhibit 2)		x								x									x							
	Prudential-Bache (See Exhibit 3)						x				x											x					
	Prudential-Bache (See Exhibit 4)				x						x										x						
	Fitzgerald Mtg. & Note			x									x									x					
	Carlyle RE Limited Part. XIV		x								x								x								
	Hallwood Energy Pt.	x															None	x									
	Hutton Advantage Properties, II		x										x						x								
	Nuevo Energy Co.		x										x						x								
	Real Equity Partner		x										x						x								
	Silver Screen Partners ,II, L. .		x										x						x								
	Silver Screen Partners III, L.P.		x										x						x								
	Southeastern Public Service	x											x					x									
	Wheelabrator Tech		x										x						x								
	Fidelity Federal (CD)			x									x							x							
S	Fidelity Federal S&L (CD)			x									x							x							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Harry A. Johnston, II

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	First Union Bank (CD)				x								x								x						
	Flagler National Bank (CD)		x										x						x								
	Palm Beach County Credit Union		x										x						x								
	Fidelity Federal - Pass Book Acct.		x										x						x								
	City of Jacksonville - Airport		x										x						x								
	City of Jacksonville - Utility		x										x						x								
	Duval County Housing		x										x						x								
	Jacksonville Electric Authority		x										x						x								
	Orlando Utilities Comm.		x										x						x								
	Hillsborough Co. School District		x										x						x								
	State Board of Education		x										x						x								
	RJR Nabisco - OID (See Exhibit 5)												x														
	Bear Stearns	x											x						x								
	W.P. Congressional Fed. Credit Union	x											x					x									
	Fidelity Mutual Life Ins.	x											x					x									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Harry A. Johnston, II

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	1700 Embassy Drive, West Palm Beach, FL (Townhouse				x							x					None	x									
	5.3 acres Loxahatchee River Rd., Jupiter, FL, Gov. Lot 4, 26-40-42 (Improved with citrus grove)							x									None	x									
	Taliaferro Cty., Ga., vacant land, 1000 acres, 1/3 ownership					x											None	x									
	Vacant lots, 1/2 ownership: Lot 5, Block 1, Greenview Shores I of Wellington and Sec. 30, Twp. 42S, RIE (AG-52 of Royal Palm Beach, FL			x													None	x									
	13.5 acres in Henry Cty., Ga., 1/2 interest						x										None	x									
	0.9 int. in Flagler Bank Partnership II			x													None	x									

Reporting Individual's Name
Harry A. Johnston, II

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See Exhibits 1 & 4											
	242 Lake Ella Dr., West Palm Beach, FL (Townhouse)		x		7/17/90		x					
	Marriott Corp. - 300 Shares		x		1/25/90	x						
	Federal National Mortgage - 1000 Rights	x	x		P-1/26/90 S-2/7/90		x					
	American Travel Corp. - 1500 Shares	x	x		P-2/25/90 S-3/26/90		x					

(Cont'd)

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Prudential-Bache Debit Account			X					

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

Cont'd

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Lotus Development Corp. - 800 Shares	x	x		P-3/26/90 S-6/6/90		x					
	Computer Associates International, Inc. - 1500 Shares	x	x		P-7/10/90 S-7/27/90		x					
	Jones, Foster, Johnston & Stubbs, Capital Account		x		12/31/90		x					
	L. A. Gear - 1000 Shares	x	x		P-6/8/90 S-6/14/90		x					
	Prudential-Bache Quantum Account (See Exhibit 5)	x	x									

Cont'd

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

Cont'd

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Prudential-Bache Quantum Account (See Exhibit 6)	x	x									
	Prudential-Bache (See Exhibit 7)	x	x									
	Whitman Industries - 300 Shares		x		1/26/90	x						
	Hewlett-Packard - 200 Shares		x		1/25/90	x						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Harry A. Johnston, II

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Office of American States		2/23-26/90	Roundtrip Air from Wash., D.C. to Nicaragua, 3 days food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Harry A. Johnston, II

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	Pine Jog
Trustee	Chastain Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Harry Johnston

DATE (Month, Day, Year)
May 15, 1991

Re: HARRY JOHNSTON (D-Fla)
File: Advisory Opinion 1989 - Outside Earned Income

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

February 7, 1989

The Honorable Harry Johnston
United States House of Representatives
1517 Longworth House Office Building
Washington, D. C. 20515

Dear Colleague:

This responds to your letter of January 31, 1989, regarding outside income. You state that you were elected to Congress in November 1988. You have practiced law for the past 30 years in Palm Beach County, Florida. You have substantial accrued legal fees that will be paid to you from your law firm in 1989 and possibly in 1990. These fees will be coming to you principally through estates that you have handled either as attorney and/or personal representative and also a will contest that you have handled on a contingent fee basis. You state that your letter was written to establish as a matter of record with this Committee that your fees for outside earned income will exceed that which is proscribed by the House rules.

Normally, violation of a House rule, such as that pertaining to the limitation on outside earned income, may expose a Member to sanction, regardless of whether he has taken the initiative to bring the matter to the Committee's attention.

The standard governing limitations on outside earned income is House Rule XLVII. It states, in part:

> 1. (a) Except as provided by paragraph (b), no Member may, in any calendar year beginning after December 31, 1978, have outside earned income attributable to such calendar year which is in excess of 30 per centum of the aggregate salary as a Member paid to the Member during such calendar year.
>
> (b) In the case of any individual who becomes a Member during any calendar year beginning after December 31, 1978, such Member may not have outside earned income attributable to the portion of that calendar year which occurs after such individual

FILE COPY

> becomes a Member which is in excess of 30 percentum of the aggregate salary as a Member paid to the Member during such calendar year.

This standard of conduct goes on to state at clause 3 that for the purposes of the Rule:

> (d) The term "outside earned income" means, with respect to a Member, wages, salaries, professional fees, honorariums, and other amounts (other than copyright royalties) received or to be received as compensation for personal services actually rendered but does not include--
>
> . . . . .
>
> (2) any compensation derived by such Member for personal services actually rendered prior to the effective date of this rule or becoming such a Member, whichever occurs later. . . .

Assuming the compensation you are to receive from your practice of law will be derived from personal services rendered prior to the effective date for which you become a Member of Congress, those amounts would not be counted towards your outside earned income limits for the years in which the monies are received.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:KKG

EXHIBIT 1

SECURITIES ACCOUNT STATEMENT

Prudential-Bache Securities Inc. JOHNSTHAA 11/90

For the Period: Dec 1 - Dec 31, 1990 Account Number: 034-055366-03 Page 1 of 2

Net Worth	OPENING	CLOSING
SECURITIES VALUE	$87,190.63	$93,312.50
MONEY MARKET FUNDS	$4,418.00	$2,370.00
CASH BALANCE	$0.25	$0.67
TOTAL NET WORTH	$91,608.88	$95,683.17

Your Financial Advisor:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 262-30-4871

Income	THIS PERIOD	YEAR TO DATE
DIVIDENDS	$395.00	$2,752.70
INSURED INCOME INTEREST	$26.17	$804.26
TOTAL INCOME	$421.17	$3,556.96

HARRY A JOHNSTON II
QUANTUM ACCOUNT
P O BOX E
W PALM BEACH FL 33402-3475

Account	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
09AB	12/10	Dividend		DIV ON 500 SCRIPPS E W CO CL A	Income		$50.00
09AB	12/10	Dividend		DIV ON 500 USX CORP	Income		$175.00
30SS	12/11	Purchased	300	INTEL CORP P-B MAKES MARKET NEG RATE 00.00000	38 1/2	$11,550.00	
09AB	12/11	Dividend		DIV ON 25 TENNECO INC	Income		$20.00
FJTT	12/12	Sold	-4,418	MADA FUND AS OF 12/11/90	1.00		$4,418.00
FFAA	12/12	Interest		MADA FUND CASH DISTRIBUTION FULL REDEMPTION	Insured Income		$20.75
30SS	12/12	Sold	-500	SCRIPPS E W CO CL A	15 3/4		$7,875.00
FJTT	12/13	Purchased	1,390	MADA FUND	1.00	$1,390.00	
11SS	12/13	Sold	-25	TENNECO INC	45 1/4		$1,131.25
11SS	12/13	Sold	-200	USX CORP	30 1/2		$6,100.00
V1SS	12/13	Purchased	400	UNION CARBIDE CORP	17 1/8	$6,850.00	
09AB	12/21	Dividend		DIV ON 500 PHILA ELEC CO	Income		$150.00
FJTT	12/26	Purchased	150	MADA FUND	1.00	$150.00	
FJTT	12/27	Purchased	5,437	MADA FUND	1.00	$5,437.00	
30SS	12/27	Sold	-500	SEAGATE TECHNOLOGY P-B MAKES MARKET NEG RATE 00.00000	10 7/8		$5,437.50

Exhibit 1

JOHNSTHAA 12/90

Prudential-Bache Securities Inc.

Page 2 of 2

SECURITIES ACCOUNT STATEMENT

HARRY A JOHNSTON II

Dec 1 - Dec 31, 1990 Account Number: 054-055366-95

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
12/28	Purchased	100	BOEING CO	46 1/8	$4,612.50	$.42
12/28	Interest	5	MGD ASSETS DEP ACCT INT REINV11/26-12/30 VALUE IS $5.42	Insured Income		
12/31	Sold	-4,612	MADA FUND AS OF 12/28/90	1.00		$4,612.00

Portfolio

	DESCRIPTION	QUANTITY	PRICE	VALUE	EST. INCOME	COMMENTS
097023105	BOEING CO	100	45.375**	$4,537.50	$100.00	2.20 % YIELD
318906104	FIRST AMER BANK CORPORATION	500	21.250	$10,625.00	$600.00	5.65 % YIELD
359416104	FRUIT OF THE LOOM INCORPORATED CLASS A	500	8.875	$4,437.50		
458140100	INTEL CORP	700	38.500**	$26,950.00		
717537106	PHILADELPHIA ELECTRIC COMPANY	500	18.000**	$9,000.00	$600.00	6.67 % YIELD
767266102	OHS INCORPORATED	500	14.875	$7,437.50		
795498107	SALOMON INCORPORATED	600	24.375**	$14,625.00	$384.00	2.63 % YIELD
902905108	USX CORPORATION	300	30.500**	$9,150.00	$420.00	4.59 % YIELD
905581104	UNION CARBIDE CORPORATION	400	16.375**	$6,550.00	$400.00	6.11 % YIELD
	SECURITIES VALUE			$95,312.50	$2,504.00	4.60 % YIELD
561990995	MANAGED ASSET DEPOSITORY ACCOUNT	2,370	1.000	$2,370.00	$177.75	7.45 % YIELD
	MONEY MARKET FUNDS			$2,370.00	$177.75	

Prudential-Bache Securities

Retirement Account

EXHIBIT 2

For the Period: Oct 1 - Dec 31, 1990

Account Number: 034-816565-05

Page 1 of 2

Net Worth

	OPENING	CLOSING
SECURITIES VALUE	$8,599.60	$9,296.10
MONEY MARKET FUNDS	$3,725.00	$3,799.00
CASH BALANCE	$.47	$.47
TOTAL NET WORTH	$12,325.07	$13,095.57

Income

	THIS PERIOD	YEAR TO DATE
MONEY FUND DIVIDENDS	$74.00	$266.00
DIVIDENDS		$210.00
TOTAL INCOME	$74.00	$476.00

Tax Information

	1990	1989
IRA CONTRIBUTION		$2,000.00

Prudential-Bache Federal ID Number: F22-2347336

Your Financial Advisor:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 262-38-4871

PRUDENTIAL BACHE SEC CF
HARRY A JOHNSTON II
IRA DTD 4-17-89
P O DRAWER E
WEST PALM BEACH FL 33402-3475

This statement will serve as the annual report for your retirement plan account. If your account contains assets that are not held at Prudential-Bache or a value is not readily available, you will be receiving a separate year-end valuation letter which will include such assets. You will need this information to calculate mandatory distributions if you are over 70 1/2. Also if you have made nondeductible IRA contributions, the value of your IRA must be reported on form 8606.

Account Activity

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
10/26	Dividend	23	PB MONEYMART ASSETS DIV REINVEST OCT	Money Fund		
11/26	Dividend	24	PB MONEYMART ASSETS DIV REINVEST NOV	Money Fund		
12/26	Dividend	23	P B MONEYMART DIV REINVEST 11/26-12/25	Money Fund		
12/31	Dividend	4	P B MONEYMART DIV REINVEST 12/26-12/30	Money Fund		

2P-02401

[redacted]

Retirement Account

EXHIBIT 2

HARRY A JOHNSTON II   Oct 1 - Dec 31, 1990   Account Number: 034-816565-03   Page 2 of 2

Portfolio Summary

DESCRIPTION	QUANTITY	PRICE	VALUE	EST. INCOME	COMMENTS
UNITS GOVERNMENT SECURITIES EQUITY TRUST SERIES 2	700	10.423	$7,296.10		
HUTTON SO TMBR I	2,000	1.0008	$2,000.00		
SECURITIES VALUE			$9,296.10		
P B MONEYMART ASSETS	3,799	1.000	$3,799.00	$288.72	7.55 % YIELD
MONEY MARKET FUNDS			$3,799.00	$288.72	

WE EXTEND TO YOU AND TO ALL OUR VALUED CLIENTS OUR SINCERE BEST WISHES FOR A HAPPY, HEALTHY AND PROSPEROUS NEW YEAR.
IT IS A PLEASURE FOR US TO SERVE YOUR INVESTMENT AND FINANCIAL NEEDS.

EXHIBIT 3

SECURITIES ACCOUNT STATEMENT

Prudential-Bache Securities Inc.

JOHNSTHAA 11/90

For the Period: Dec 1 - Dec 31, 1990
Account Number: 056-287072-03
Page 1 of 2

	OPENING	CLOSING
Net Worth		
SECURITIES VALUE	$268,137.04	$260,431.38
CASH BALANCE (CASH DEBT)	($42,641.65)	($40,458.20)
TOTAL NET WORTH	$225,495.39	$219,973.18

Your Financial Adviser:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 262-58-4873

	THIS PERIOD	YEAR TO DATE
Income		
DIVIDENDS	$1,124.33	$6,274.19
MUNICIPAL INTEREST	$1,550.00	$3,100.00
TOTAL INCOME	$2,674.33	$9,374.19

HARRY A JOHNSTON II
P O DRAWER E
N PALM BEACH FL 33402-3475

Account	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
89AJ	12/03	Interest		INT RECEIVED ON 40,000 BONDS OF MASS ST HFA HG RV RD JD 7.75 12/01/2019	Municipal Income		$1,550.00
89AB	12/14	Dividend		DIV ON 1,000 FIRST UNION CORP	Income		$270.00
AC	12/21	Margin Interest		INT: 11/16-12/13 AVG BAL: $42,032.72DR	@12.250%	$409.48	
AC	12/21	Margin Interest		INT: 12/14-12/20 AVG BAL: $40,821.65DR CLOSING BAL AS OF DEC 20 40,821.65DR	@12.050%	$95.65	
89BA	12/31	Dividend	63	FLAGLER BANK CRP CLA			
89AB	12/31	Dividend		DIV ON 608 FIRST UN CP SR90 PFD	Income		$756.25
89AB	12/31	Dividend		DIV ON 3,274 FLAGLER BANK CRP CLA	Income		$98.10
89AD	12/31	Credit		FUNDS RECEIVED IN LIEU OF FRACT SHARE FLAGLER BANK CRP CLA			$5.25

Portfolio	DESCRIPTION	QUANTITY	PRICE	VALUE	EST. INCOME	COMMENTS	
115085105	BROWNING FERRIS IND	1,000	22.250**	$22,250.00	$680.00	3.06 % YIELD	M
235204104	DALLAS SEMICONDUCTOR CORPORATION	200	6.125	$1,225.00			
318652104	FIRST AUSTRALIA FUND	1,000	7.250	$7,250.00			M
337358105	FIRST UNION CORPORATION	1,000	15.375**	$15,375.00	$1,080.00	7.02 % YIELD	M
337358204	FIRST UNION CORPORATION Preferred	600	41.125	$25,004.00	$3,036.14	11.08 % YIELD	M

SECURITIES ACCOUNT STATEMENT Prudential-Bache Securities Inc. JOHNSTHAA 11/90

HARRY A JOHNSTON II Dec 1 - Dec 31, 1990 Account Number: 034-287872-03 Page 2 of 2

Portfolio	DESCRIPTION	QUANTITY	PRICE	VALUE	EST. INCOME	COMMENTS	
	PREFERRED PREF SER 1990 ADJUSTABLE RATE						
338304100	FLAGLER BANK CORPORATION CLASS A	1,337	7.000	$9,359.00	$411.00	4.40 % YIELD	M
345838106	FOREST LABORATORIES INCORPORATED	500	49.750**	$24,875.00			M
368710208	GENENTECH INCORPORATED REDEEMABLE COMMON STOCK	400	22.500**	$9,000.00			M
452908106	IMREG INCORPORATED CLASS A	2,000	0.375	$750.00			
499040103	KNIGHT RIDDER INCORPORATED	200	45.750**	$9,150.00	$280.00	3.06 % YIELD	
499040103	KNIGHT RIDDER INCORPORATED	200	45.750**	$9,150.00	$280.00	3.06 % YIELD	M
758110100	REEBOK INTERNATIONAL LIMITED	700	11.500**	$8,050.00	$210.00	2.61 % YIELD	
841338106	SOUTHEAST BANKING CORPORATION	4,000	4.875	$19,500.00			
841338106	SOUTHEAST BANKING CORPORATION	6,000	4.875	$29,250.00			M
941063109	WASTE MANAGEMENT INCORPORATED	82	35.000**	$2,870.00	$29.52	1.03 % YIELD Held In Your Name	
941063109	WASTE MANAGEMENT INCORPORATED	118	35.000**	$4,130.00	$42.48	1.03 % YIELD	M
962901302	WHEELABRATOR TECHNOLOGIES INC NEW COM PAR $0.01	145	39.000**	$5,655.00			M
575910RC0R	MASSACHUSETTS ST HSG FIN AGY REV SER A SUBJ AMT SPL RDMPT BIG INSD BOOK ENT RO JD 7.750 12/01/2019 DTD 12/01/86 CALL 12/01/1996 102.00	40,000	102.419E	$40,967.72	$3,100.00	7.57 % YIELD	
74960HAAZR	RJR NABISCO HLDGS GRP SUB EXCH DEB PIK INT TO 6/30/90 CALLABLE ANYTIME AT 100% RO MN 17.000 05/01/2007 DTD 02/09/89	19,525	85.125	$16,620.66			
	SECURITIES VALUE			$260,431.38	$9,848.94	6.25 % YIELD	

WE EXTEND TO YOU AND TO ALL OUR VALUED CLIENTS OUR SINCERE BEST WISHES FOR A HAPPY, HEALTHY AND PROSPEROUS NEW YEAR. IT IS A PLEASURE FOR US TO SERVE YOUR INVESTMENT AND FINANCIAL NEEDS.

EXHIBIT 4

Prudential-Bache Securities Inc. JOHNSTMAO 11/90

SECURITIES ACCOUNT STATEMENT

For the Period: Dec 1 - Dec 31, 1990 Account Number: [illegible] Page 1 of 2

Net Worth	OPENING	CLOSING
SECURITIES VALUE	$55,465.63	$56,993.75
MONEY MARKET FUNDS	$490.00	$843.00
CASH BALANCE	$.30	$.44
TOTAL NET WORTH	$55,955.93	$57,837.19

Your Financial Advisor:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4096
407-655-7170

Your Federal ID Number: 137-20-0021

Income	THIS PERIOD	YEAR TO DATE
MONEY FUND DIVIDENDS		$27.06
DIVIDENDS	$304.00	$1,179.00
INSURED INCOME INTEREST	$5.39	$375.06
TOTAL INCOME	$309.39	$1,582.72

MARY O JOHNSTON
QUANTUM
132 MIRAMAR WAY
WEST PALM BEACH FL 33405-4770

Account	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
09A6	12/03	Dividend		DIV ON 100 FIRST WACHOVIA CORP	Income		$42.00
FJTT	12/10	Purchased	42	MADA FUND	1.00	$42.00	
09A6	12/10	Dividend		DIV ON 300 SCRIPPS E W CO CL A	Income		$[illegible]
09A6	12/10	Dividend		DIV ON 100 USX CORP	Income		$35.00
3055	12/11	Purchased	200	INTEL CORP P-B MAKES MARKET MRB RATE 00.00000	38 1/2	$7,700.00	
09A6	12/11	Dividend		DIV ON 25 TENNECO INC	Income		$20.00
FJTT	12/12	Sold	-552	MADA FUND AS OF 12/11/90	1.00		$552.00
PFAA	12/12	Interest		MADA FUND CASH DISTRIBUTION FULL REDEMPTION	Insured Income		$5.60
3055	[illegible]	Sold	-500	SCRIPPS E W CO CL A	15 3/4		$7,875.00
[illegible]	[illegible]	Dividend		DIV ON 200 MONSANTO CO	Income		$[illegible]
[illegible]	[illegible]	Sold	-25	TENNECO INC	45 1/4		$1,[illegible]
[illegible]	[illegible]	Sold	-100	USX CORP	30 1/2		$3,000.00
[illegible]	[illegible]	Purchased	250	UNION CARBIDE CORP	17 1/4	$4,312.50	
[illegible]	[illegible]	Purchased	781	MADA FUND	1.00	$781.00	
[illegible]	[illegible]	Dividend		DIV ON 200 PHILA ELEC CO	Income		$60.00
FJTT	[illegible]	Purchased	60	MADA FUND	1.00	$60.00	

SECURITIES ACCOUNT STATEMENT Prudential-Bache Securities Inc. JHOSTHAG 11/90

MARY D JOHNSTON Dec 1 - Dec 31, 1990 Account Number: 034-050978-03 Page 2 of 2

Account	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
FMRB	12/28	Interest	1	MAD ASSETS DEP ACCT INT REINV11/26-12/30 VALUE IS $1.79	Insured Income		0.79
FJTT	12/31	Purchased	1	MADA FUND	1.00	$1.00	

Portfolio	DESCRIPTION	QUANTITY	PRICE	VALUE	EST. INCOME	COMMENTS
318796104	FIRST AMER BANK CORPORATION	500	21.250	$10,625.00	$600.00	5.65 % YIELD
337408100	FIRST WACHOVIA CORPORATION	100	41.875**	$4,187.50	$168.00	4.01 % YIELD
359416104	FRUIT OF THE LOOM INCORPORATED CLASS A	200	8.875	$1,775.00		
458140100	INTEL CORP	200	38.500**	$7,700.00		
717537104	PHILADELPHIA ELECTRIC COMPANY	200	18.000**	$3,600.00	$240.00	6.67 % YIELD
747268102	GNS INCORPORATED	100	14.875	$1,487.50		
795498107	SALOMON INCORPORATED	200	24.375**	$4,875.00	$128.00	2.63 % YIELD
903192102	UNUM CORPORATION.	400	46.625**	$18,650.00	$320.00	1.72 % YIELD
905581104	UNION CARBIDE CORPORATION	250	16.375**	$4,093.75	$250.00	6.11 % YIELD
	SECURITIES VALUE			$56,993.75	$1,704.00	3.71 % YIELD
561990995	MANAGED ASSET DEPOSITORY ACCOUNT	843	1.000	$843.00	$63.23	7.48 % YIELD
	MONEY MARKET FUNDS			$843.00	$63.23	

Consolidated Statement

Securities Account

Exhibit 5 EXHIBIT 5

For the Period: Jan 1 - Dec 31, 1990

Account Number: 034-888366-03 Page 1 of 6

Important Tax Information. This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Prudential-Bache Securities Inc. Federal ID Number: 22-2347336

Your Financial Advisor:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 262-38-4871

HARRY A JOHNSTON II
QUANTUM ACCOUNT
P O BOX E
W PALM BEACH FL 33402-3475

1099-DIV Dividends and Distributions

OMB NO.1545-0110

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	2,752.70	2 Federal income tax withheld	0.00
1b Ordinary dividends	2,752.70	3 Foreign tax paid	0.00
1c Capital gains distributions	0.00	4 Foreign country or U.S. possession	
1d Nontaxable distributions	0.00	5 Liquidation distributions (cash)	0.00
1e Investment expenses	0.00	6 Liquidation distributions (noncash)	0.00

1099-INT Interest Income

OMB NO.1545-0112

1 Earnings from savings and loan associations, credit unions, bank deposits, bearer certificates of deposit, etc.	804.26	3 U.S. Savings Bonds, etc.	0.00
2 Early withdrawal penalty	0.00	4 Federal income tax withheld	0.00
		5 Foreign tax paid	0.00
		6 Foreign country or U.S. possession	

1099-B Proceeds From Broker and Barter Exchange Transactions

OMB NO.1545-0715

1a Date of sale	various	5 Description	various
1b CUSIP Number	various	6 Profit or (loss) realized in 1990	0.00
2 Stocks, bonds, etc. Reported to IRS gross proceeds less commissions	204,621.30	7 Unrealized profit or (loss) on open contracts—12/31/89	0.00
3 Bartering	0.00	8 Unrealized profit or (loss) on open contracts—12/31/90	0.00
4 Federal income tax withheld	0.00	9 Aggregate profit or (loss)	0.00

Substitute IRS 1099 forms above dotted line.

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Dividends Received on Securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
1	BANCORP HAWAII INC	39.00	INCOME		1099-DIV
1	BOISE CASCADE CORPORATION	38.00	INCOME		1099-DIV
2	DUPONT DE NEMOURS&CO	240.00	INCOME		1099-DIV
3	GENERAL MOTORS CORPORATION	337.50	INCOME		1099-DIV
1	GERBER SCIENTIFIC INCORPORATED	25.00	INCOME		1099-DIV
4	HUNTINGTON BANCSHARES INCORPORATED	96.00	INCOME		1099-DIV
4	PHILADELPHIA ELECTRIC COMPANY	725.00	INCOME		1099-DIV

Exhibit 5

HARRY A JOHNSTON II   Jan 1 - Dec 31, 1990   Account Number: 034-055366-03

Dividends Received on Securities (CONTINUED)

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
2	SALOMON INCORPORATED	128.00	INCOME		1099-DIV
1	SCRIPPS E W CO CL A	50.00	INCOME		1099-DIV
1	SEARS ROEBUCK AND COMPANY	100.00	INCOME		1099-DIV
4	TENNECO INCORPORATED	303.20	INCOME		1099-DIV
1	TEXAS UTILITIES COMPANY	146.00	INCOME		1099-DIV
3	USX CORPORATION	525.00	INCOME		1099-DIV
	TOTAL INCOME - DIVIDENDS	$2,752.70			

Other Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
13	MANAGED ASSET DEPOSITORY ACCOUNT	804.26	INCOME		1099-INT
	TOTAL INCOME - OTHER INTEREST	$804.26			

Other Income

PAYMENTS	PAYOR	DOLLAR AMOUNT	SHARES	EXPLANATION	COMMENTS	REPORTED ON
1	BANCORP HAWAII INC		10	STOCK DIV		
1	DUPONT DE NEMOURS&CO		200	STOCK DIV		
1	HUNTINGTON BANCSHARES INCORPORATED		10	STOCK DIV		

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
ASHTON TATE	375	05/31/90	06/07/90	4,640.63		BOUGHT		
ASHTON TATE CUSIP: 045080108	375	08/01/90	08/08/90		3,890.63	SOLD		1099-B
BANCORP HAWAII INC CUSIP: 059685107	110	08/09/90	08/16/90		4,922.50	SOLD		1099-B
BIO RAD LABS INC CLA	400	06/15/90	06/22/90	8,700.00		BOUGHT		
BIO RAD LABS INC CLA CUSIP: 090572207	400	08/16/90	08/23/90		6,079.80	SOLD		1099-B
BOEING CO	100	12/20/90	12/28/90	4,612.50		BOUGHT		
BOEING CO CUSIP: 097023105	50	12/28/90	01/07/91		2,260.75	SOLD		1099-B
BOISE CASCADE CP CUSIP: 097383103	100	03/01/90	03/08/90		3,712.50	SOLD		1099-B

Securities Account

HARRY A JOHNSTON II　Jan 1 - Dec 31, 1990　Account Number: 034-088344-03　

Trading Activity (CONTINUED)

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
CORDIS CORP	400	08/01/90	08/08/90	7,800.00		BOUGHT		
CORDIS CORP CUSIP: 218525103	200	08/17/90	08/24/90	–	3,250.00	SOLD		1099-B
CORDIS CORP	200	08/22/90	08/29/90	3,100.00		BOUGHT		
CORDIS CORP	400	09/12/90	09/19/90	7,200.00		BOUGHT		
CORDIS CORP CUSIP: 218525103	800	11/07/90	11/15/90		14,600.00	SOLD		1099-B
CRANE CO	300	06/21/90	06/28/90	7,725.00		BOUGHT		
CRANE CO CUSIP: 224399105	300	07/31/90	08/07/90		8,062.50	SOLD		1099-B
DEKALB GENETICS CP B	400	06/15/90	06/22/90	17,800.00		BOUGHT		
DEKALB GENETICS CP B CUSIP: 244878203	400	08/01/90	08/08/90		15,800.00	SOLD		1099-B
DUPONT DE NEMOUR&CO CUSIP: 263534109	300	06/21/90	06/28/90		11,475.00	SOLD		1099-B
FIRST AMER BK CORP	100	11/08/90	11/16/90	1,850.00		BOUGHT		
FIRST AMER BK CORP	400	11/12/90	11/19/90	7,500.00		BOUGHT		
FIRST AMER BK CORP CUSIP: 318906104	250	12/28/90	01/07/91		5,343.75	SOLD		1099-B
FORD MOTOR CO DEL CUSIP: 345370100	50	01/09/90	01/17/90		2,237.50	SOLD		1099-B
FRUIT OF THE LOOM A	500	11/21/90	11/29/90	3,562.50		BOUGHT		
FRUIT OF THE LOOM A CUSIP: 359416104	250	12/28/90	01/07/91		2,062.50	SOLD		1099-B
GENL MOTORS CORP	200	04/04/90 -	04/11/90	9,150.00		BOUGHT		
GENL MOTORS CORP CUSIP: 370442105	250	06/11/90	06/18/90		12,250.00	SOLD		1099-B
GENL MOTORS CORP CUSIP: 370442105	25	08/17/90	08/24/90		940.63	SOLD		1099-B
GENL MOTORS CORP	25	08/22/90	08/29/90	921.88		BOUGHT		
GENL MOTORS CORP CUSIP: 370442105	50	10/09/90	10/16/90		1,830.71	SOLD		1099-B
GERBER SCIENTIFI INC	500	01/04/90	01/11/90	7,750.00		BOUGHT		
GERBER SCIENTIFIC IC CUSIP: 373730100	500	04/24/90	05/01/90		6,370.98	SOLD		1099-B
HANSON PLC SPONS ADR	400	01/03/90	01/10/90	7,700.00		BOUGHT		
HANSON PLC SPONS ADR CUSIP: 411352305	400	02/27/90	03/06/90		7,550.00	SOLD		1099-B

2032

Exhibit 5

Trading Activity CONTINUED

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
HUNTINGTON BANCSHRS CUSIP: 446150104	50	04/18/90	04/25/90		862.50	SOLD		1099-B
HUNTINGTON BANCSHRS CUSIP: 446150104	55	08/17/90	08/24/90		701.25	SOLD		1099-B
HUNTINGTON BANCSHRS	55	08/22/90	08/29/90	701.25		BOUGHT		
HUNTINGTON BANCSHRS CUSIP: 446150104	110	11/13/90	11/20/90		1,292.50	SOLD		1099-B
INGERSOLL RAND CUSIP: 456866102	100	01/09/90	01/17/90		5,262.50	SOLD		1099-B
INTEL CORP	400	09/12/90	09/19/90	12,700.00		BOUGHT		
INTEL CORP	300	12/04/90	12/11/90	11,550.00		BOUGHT		
INTEL CORP CUSIP: 458140100	350	12/28/90	01/07/91		12,862.50	SOLD		1099-B
NEECO INC CUSIP: 639035107	400	03/22/90	03/29/90		6,100.00	SOLD		1099-B
OWENS CORNG FIBG NEW CUSIP: 690734207	175	01/09/90	01/17/90		4,571.88	SOLD		1099-B
PHILA ELEC CO CUSIP: 717537104	250	08/17/90	08/24/90		3,843.75	SOLD		1099-B
PHILA ELEC CO	250	08/22/90	08/29/90	3,812.50		BOUGHT		
PHILA ELEC CO CUSIP: 717537104	250	12/28/90	01/07/91		4,500.00	SOLD		1099-B
QMS INC CUSIP: 74726G102	500	01/09/90	01/17/90		6,000.00	SOLD		1099-B
QMS INC CUSIP: 74726G102	300	02/20/90	02/27/90		4,125.00	SOLD		1099-B
QMS INC	300	04/03/90	04/10/90	4,275.00		BOUGHT		
QMS INC CUSIP: 74726G102	250	05/31/90	06/07/90		4,656.25	SOLD		1099-B
QMS INC CUSIP: 74726G102	125	08/17/90	08/24/90		1,812.50	SOLD		1099-B
QMS INC	125	08/22/90	08/29/90	1,734.38		BOUGHT		
QMS INC	250	09/12/90	09/19/90	3,468.75		BOUGHT		
QMS INC CUSIP: 74726G102	250	12/28/90	01/07/91		3,625.00	SOLD		1099-B
SALOMON INC	400	05/11/90	05/18/90	9,100.00		BOUGHT		
SALOMON INC CUSIP: 795448107	200	08/17/90	08/24/90		4,550.00	SOLD		1099-B
SALOMON INC	200	08/22/90	08/29/90	4,675.00		BOUGHT		

HARRY A JOHNSTON II   Jan 1 - Dec 31, 1990   Account Number: 034-888344-03   Exhibit 5   Page 5 of 6

Trading Activity
CONTINUED

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
SALOMON INC	200	11/12/90	11/19/90	4,925.00		BOUGHT		
SALOMON INC CUSIP: 79549B107	300	12/28/90	01/07/91		7,350.00	SOLD		1099-B
SCRIPPS E W CO CL A	500	11/12/90	11/19/90	7,250.00		BOUGHT		
SCRIPPS E W CO CL A CUSIP: 811039106	500	12/05/90	12/12/90		7,875.00	SOLD		1099-B
SEAGATE TECHNOLOGY CUSIP: 811804103	200	01/30/90	02/06/90		3,380.00	SOLD		1099-B
SEAGATE TECHNOLOGY CUSIP: 811804103	300	02/07/90	02/14/90		5,662.50	SOLD		1099-B
SEAGATE TECHNOLOGY	800	03/19/90	03/26/90	15,100.00		BOUGHT		
SEAGATE TECHNOLOGY	200	04/03/90	04/10/90	3,350.00		BOUGHT		
SEAGATE TECHNOLOGY CUSIP: 811804103	500	08/17/90	08/24/90		5,125.00	SOLD		1099-B
SEAGATE TECHNOLOGY	500	08/22/90	08/29/90	4,937.50		BOUGHT		
SEAGATE TECHNOLOGY CUSIP: 811804103	500	11/13/90	11/20/90		4,562.50	SOLD		1099-B
SEAGATE TECHNOLOGY CUSIP: 811804103	500	12/19/90	12/27/90		5,437.50	SOLD		1099-B
SEARS ROEBUCK CUSIP: 812387108	200	01/03/90	01/10/90		7,025.00	SOLD		1099-B
SHAW INDS INC	200	11/13/90	11/20/90	3,150.00		BOUGHT		
SHAW INDS INC CUSIP: 820286102	200	11/14/90	11/21/90		3,325.00	SOLD		1099-B
SOFTWARE PUBG CORP	800	01/24/90	01/31/90	14,400.00		BOUGHT		
SOFTWARE PUBG CORP	150	02/07/90	02/14/90	2,550.00		BOUGHT		
SOFTWARE PUBG CORP CUSIP: 834032104	150	02/20/90	02/27/90		2,625.00	SOLD		1099-B
SOFTWARE PUBG CORP CUSIP: 834032104	800	03/19/90	03/26/90		19,200.00	SOLD		1099-B
TENNECO INC	80	02/22/90	03/01/90	5,280.00		BOUGHT		
TENNECO INC CUSIP: 880370101	150	06/11/90	06/18/90		10,312.50	SOLD		1099-B
TENNECO INC CUSIP: 880370101	25	08/17/90	08/24/90		1,381.25	SOLD		1099-B
TENNECO INC CUSIP: 880370101	25	12/06/90	12/13/90		1,131.25	SOLD		1099-B
USX CORP	400	03/01/90	03/08/90	14,400.00		BOUGHT		

Securities Account

HARRY A JOHNSTON II   Jan 1 - Dec 31, 1990   Account Number: 034-058344-05   Exhibit 5   Page 6 of 6

Trading Activity CONTINUED

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
USX CORP	100	04/03/90	04/10/90	3,625.00		BOUGHT		
USX CORP CUSIP: 902905108	250	08/17/90	08/24/90		8,000.00	SOLD		1099-B
USX CORP	250	08/22/90	08/29/90	8,187.50		BOUGHT		
USX CORP CUSIP: 902905108	200	12/06/90	12/13/90		6,100.00	SOLD		1099-B
USX CORP CUSIP: 902905108	150	12/28/90	01/07/91		4,537.50	SOLD		1099-B
UNION CARBIDE CORP	400	12/06/90	12/13/90	6,880.00		BOUGHT		
UNION CARBIDE CORP CUSIP: 905581104	200	12/28/90	01/07/91		3,400.00	SOLD		- 1099-B

Fees and Other Charges

DATE	DESCRIPTION	AMOUNT	EXPLANATION	REPORTED ON
01/15	QUANTUM MANAGEMENT FEE	695.65		
04/16	QUANTUM MANAGEMENT FEE	753.64		
07/16	QUANTUM MANAGEMENT FEE	755.98		
10/16	QUANTUM MANAGEMENT FEE	694.42		
TOTAL FEES AND OTHER CHARGES		$2,899.69		

Consolidated Statement Prudential-Bache

Securities Account

For the Period: Jan 1 - Dec 31, 1990

Account Number: 034-088970-03 ✓ Page 1 of 6

Exhibit 6 EXHIBIT 6

Important Tax Information. This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Prudential-Bache Securities Inc. Federal ID Number: 22-2347338

Your Financial Advisor:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 137-28-0821

MARY O JOHNSTON
QUANTUM
132 MIRAMAR WAY
WEST PALM BEACH FL 33405-4770

1099-DIV Dividends and Distributions

OMB NO.1545-0110

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	1,206.86 ✓
1b Ordinary dividends	1,206.86
1c Capital gains distributions	0.00
1d Nontaxable distributions	0.00
1e Investment expenses	0.00
2 Federal income tax withheld	0.00
3 Foreign tax paid	0.00
4 Foreign country or U.S. possession	
5 Liquidation distributions (cash)	0.00
6 Liquidation distributions (noncash)	0.00

1099-INT Interest Income

OMB NO.1545-0112

1 Earnings from savings and loan associations, credit unions, bank deposits, bearer certificates of deposit, etc.	375.86 ✓
2 Early withdrawal penalty	0.00
3 U.S. Savings Bonds, etc.	0.00
4 Federal income tax withheld	0.00
5 Foreign tax paid	0.00
6 Foreign country or U.S. possession	

1099-B Proceeds From Broker and Barter Exchange Transactions

OMB NO.1545-0715

1a Date of sale	various
1b CUSIP Number	various
2 Stocks, bonds, etc. Reported to IRS gross proceeds less commissions	138,142.85
3 Bartering	0.00
4 Federal income tax withheld	0.00
5 Description	various
6 Profit or (loss) realized in 1990	0.00
7 Unrealized profit or (loss) on open contracts—12/31/89	0.00
8 Unrealized profit or (loss) on open contracts—12/31/90	0.00
9 Aggregate profit or (loss)	0.00

Substitute IRS 1099 forms above dotted line.

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Dividends Received on Securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
1	AON CORPORATION	19.00	INCOME		1099-DIV
2	BURLINGTON NORTHERN	60.00	INCOME		1099-DIV
1	DEKALB GENETICS CORPORATION CLASS B	20.00	INCOME		1099-DIV
2	FIRST WACHOVIA CORPORATION	84.00	INCOME		1099-DIV
2	GENERAL MOTORS CORPORATION	75.00	INCOME		1099-DIV
1	GIBSON GREETINGS INCORPORATED	17.00	INCOME		1099-DIV
2	INTL BUSINESS MACH	181.50	INCOME		1099-DIV

Securities Account

MARY O JOHNSTON Jan 1 - Dec 31, 1990 Account Number: 034-055970-03

Dividends Received on Securities (CONTINUED)

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
3	MONSANTO COMPANY	242.50	INCOME		1099-DIV
3	PHILADELPHIA ELECTRIC COMPANY	180.00	INCOME		1099-DIV
1	P B MONEYMART ASSETS	27.86	INCOME		1099-DIV
2	SALOMON INCORPORATED	64.00	INCOME		1099-DIV
1	SCRIPPS E W CO CL A	50.00	INCOME		1099-DIV
3	TENNECO INCORPORATED	116.00	INCOME		1099-DIV
2	USX CORPORATION	70.00	INCOME		1099-DIV
	TOTAL INCOME - DIVIDENDS	$1,206.86			

Other Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
10	MANAGED ASSET DEPOSITORY ACCOUNT	375.86	INCOME		1099-INT
	TOTAL INCOME - OTHER INTEREST	$375.86			

Other Income

PAYMENTS	PAYOR	DOLLAR AMOUNT	SHARES	EXPLANATION	COMMENTS	REPORTED ON
1	MONSANTO COMPANY		100	STOCK DIV		

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
AON CORP	50	05/02/90	05/09/90	1,768.75		BOUGHT		
AON CORP CUSIP: 037389103	50	08/14/90	08/21/90		1,625.00	SOLD		1099-B
ASHTON TATE	150	05/31/90	06/07/90	1,856.25		BOUGHT		
ASHTON TATE CUSIP: 045000100	150	08/01/90	08/08/90		1,556.25	SOLD		1099-B
BIO RAD LABS INC CLA	200	06/15/90	06/22/90	4,400.00		BOUGHT		
BIO RAD LABS INC CLA CUSIP: 090572207	200	08/15/90	08/22/90		3,041.02	SOLD		1099-B
BURLINGTON NORTHN	100	05/02/90	05/09/90	3,500.00		BOUGHT		
BURLINGTON NORTHN CUSIP: 121897102	50	08/17/90	08/24/90		1,512.50	SOLD		1099-B
BURLINGTON NORTHN	50	08/22/90	08/29/90	1,437.50		BOUGHT		

MARY O JOHNSTON Jan 1 - Dec 31, 1990 Account Number: 034-085970-03 Exhibit Page 3 of 6

Trading Activity (CONTINUED)

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
BURLINGTON NORTHN CUSIP: 121897102	100	11/06/90	11/14/90		2,443.74	SOLD		1099-B
CORDIS CORP	200	08/01/90	08/08/90	3,900.00		BOUGHT		
CORDIS CORP CUSIP: 218525103	100	08/17/90	08/24/90		1,625.00	SOLD		1099-B
CORDIS CORP	100	08/22/90	08/29/90	1,550.00		BOUGHT		
CORDIS CORP CUSIP: 218525103	200	11/07/90	11/15/90		3,500.00	SOLD		1099-B
DEKALB GENETICS CP B	100	05/02/90	05/09/90	3,050.00		BOUGHT		
DEKALB GENETICS CP B	100	06/15/90	06/22/90	4,450.00		BOUGHT		
DEKALB GENETICS CP B CUSIP: 244870203	200	08/01/90	08/08/90		7,900.00	SOLD		1099-B
FIRST AMER BK CORP	100	11/08/90	11/16/90	1,850.00		BOUGHT		
FIRST AMER BK CORP	400	11/12/90	11/19/90	7,550.00		BOUGHT		
FIRST AMER BK CORP CUSIP: 318906104	250	12/28/90	01/07/91		5,343.75	SOLD		1099-B
FIRST WACHOVIA CORP	100	05/02/90	05/09/90	3,812.50		BOUGHT		
FIRST WACHOVIA CORP CUSIP: 337408100	50	08/17/90	08/24/90		1,937.50	SOLD		1099-B
FIRST WACHOVIA CORP	50	08/22/90	08/29/90	1,893.75		BOUGHT		
FIRST WACHOVIA CORP CUSIP: 337408100	50	12/28/90	01/07/91		2,100.00	SOLD		1099-B
FRUIT OF THE LOOM A	200	11/21/90	11/29/90	1,425.00		BOUGHT		
FRUIT OF THE LOOM A CUSIP: 359416104	100	12/28/90	01/07/91		825.00	SOLD		1099-B
GENL MOTORS CORP	50	05/02/90	05/09/90	2,212.50		BOUGHT		
GENL MOTORS CORP CUSIP: 370442105	25	08/17/90	08/24/90		940.63	SOLD		1099-B
GENL MOTORS CORP	25	08/22/90	08/29/90	921.88		BOUGHT		
GENL MOTORS CORP CUSIP: 370442105	50	10/09/90	10/16/90		1,830.71	SOLD		1099-B
GIBSON GREETINGS INC	200	05/02/90	05/09/90	4,725.00		BOUGHT		
GIBSON GREETINGS INC CUSIP: 374827103	200	05/25/90	06/04/90		4,525.00	SOLD		1099-B
HERITAGE ENTMT INC CUSIP: 427227103	1,000	05/11/90	05/18/90		2,042.50	SOLD		1099-B
INTEL CORP	200	12/04/90	12/11/90	7,700.00		BOUGHT		

MARY O JOHNSTON Jan 1 - Dec 31, 1990 Account Number: 034-065978-05 Page 4 of 6

Trading Activity
CONTINUED

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
INTEL CORP CUSIP: 458140100	100	12/28/90	01/07/91		3,675.00	SOLD		1099-B
INTL BUSINESS MACH	50	05/02/90	05/09/90	5,418.75		BOUGHT		
INTL BUSINESS MACH	50	08/01/90	08/08/90	5,550.00		BOUGHT		
INTL BUSINESS MACH CUSIP: 459200101	50	08/17/90	08/24/90		5,150.00	SOLD		1099-B
INTL BUSINESS MACH	50	08/22/90	08/29/90	5,031.25		BOUGHT		
INTL BUSINESS MACH CUSIP: 459200101	100	10/23/90	10/30/90		10,733.04	SOLD		1099-B
MONSANTO CO	50	05/02/90	05/09/90	5,037.50		BOUGHT		
MONSANTO CO	50	05/21/90	05/29/90	5,037.50		BOUGHT		
MONSANTO CO CUSIP: 611662107	100	08/17/90	08/24/90		4,225.00	SOLD		1099-B
MONSANTO CO	100	08/22/90	08/29/90	4,137.50		BOUGHT		
MONSANTO CO CUSIP: 611662107	200	11/06/90	11/14/90		8,643.18	SOLD		1099-B
PHILA ELEC CO	200	05/02/90	05/09/90	3,125.00		BOUGHT		
PHILA ELEC CO CUSIP: 717537104	100	08/17/90	08/24/90		1,537.50	SOLD		1099-B
PHILA ELEC CO	100	08/22/90	08/29/90	1,512.50		BOUGHT		
PHILA ELEC CO CUSIP: 717537104	100	12/28/90	01/07/91		1,800.00	SOLD		1099-B
PHILIP MORRIS COS	100	05/02/90	05/09/90	4,262.50		BOUGHT		
PHILIP MORRIS COS CUSIP: 718154107	100	05/30/90	06/06/90		4,237.50	SOLD		1099-B
QMS INC	200	05/02/90	05/09/90	2,950.00		BOUGHT		
QMS INC CUSIP: 747266102	100	05/31/90	06/07/90		1,862.50	SOLD		1099-B
QMS INC CUSIP: 747266102	50	08/17/90	08/24/90		725.00	SOLD		1099-B
QMS INC	50	08/22/90	08/29/90	693.75		BOUGHT		
QMS INC CUSIP: 747266102	50	12/28/90	01/07/91		718.75	SOLD		1099-B
SALOMON INC	200	05/30/90	06/06/90	4,925.00		BOUGHT		
SALOMON INC CUSIP: 795498107	100	08/17/90	08/24/90		2,275.00	SOLD		1099-B
SALOMON INC	100	08/22/90	08/29/90	2,337.50		BOUGHT		

MARY D JOHNSTON   Jun 1 - Dec 31, 1990   Account Number: 034-055978-03 [illegible]   Page 5 of 6

Trading Activity (CONTINUED)

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
SALOMON INC CUSIP: 795490107	100	12/28/90	01/07/91		2,462.50	SOLD		1099-B
SCRIPPS E W CO CL A	500	11/12/90	11/19/90	7,250.00		BOUGHT		
SCRIPPS E W CO CL A CUSIP: 811039104	500	12/05/90	12/12/90		7,875.00	SOLD		1099-B
SHAW INDS INC	100	11/13/90	11/20/90	1,575.00		BOUGHT		
SHAW INDS INC CUSIP: 820286102	100	11/14/90	11/21/90		1,662.50	SOLD		1099-B
TENNECO INC	100	06/02/90	06/09/90	6,612.50		BOUGHT		
TENNECO INC CUSIP: 880370101	75	06/11/90	06/18/90		5,156.25	SOLD		1099-B
TENNECO INC CUSIP: 880370101	13	08/17/90	08/24/90		718.25	SOLD		1099-B
TENNECO INC	13	08/22/90	08/29/90	685.75		BOUGHT		
TENNECO INC CUSIP: 880370101	25	12/06/90	12/13/90		1,131.25	SOLD		1099-B
UAL CORP CUSIP: 902549104	23	06/07/90	06/14/90		3,467.25	SOLD		1099-B
USX CORP	100	06/02/90	06/09/90	3,312.50		BOUGHT		
USX CORP CUSIP: 902905108	50	08/17/90	08/24/90		1,600.00	SOLD		1099-B
USX CORP	50	08/22/90	08/29/90	1,437.50		BOUGHT		
USX CORP CUSIP: 902905108	100	12/06/90	12/13/90		3,050.00	SOLD		1099-B
UNUM CORP	400	11/12/90	11/19/90	16,450.00		BOUGHT		
UNUM CORP CUSIP: 903192102	200	12/28/90	01/07/91		9,325.00	SOLD		1099-B
UNION CARBIDE CORP	250	12/06/90	12/13/90	4,312.50		BOUGHT		
UNION CARBIDE CORP CUSIP: 905581104	125	12/28/90	01/07/91		2,125.00	SOLD		1099-B
U S AIR GROUP INC CUSIP: 911905107	300	06/11/90	06/18/90		8,362.50	SOLD		1099-B
WISC ENERGY CORP	100	06/02/90	06/09/90	2,712.50		BOUGHT		
WISC ENERGY CORP CUSIP: 976657106	100	06/08/90	06/15/90		2,765.40	SOLD		1099-B

Consolidated Statement **1990** **Prudential-Bache**

Securities Account

MARY O JOHNSTON   Jan 1 - Dec 31, 1990   Account Number: 034-888978-85   Page 6 of 6

Fees and Other Charges

DATE	DESCRIPTION	AMOUNT	EXPLANATION	REPORTED ON
07/16	QUANTUM MANAGEMENT FEE	375.00		
10/16	QUANTUM MANAGEMENT FEE	411.00		
TOTAL FEES AND OTHER CHARGES		$786.00		

Securities Account

For the Period: Jan 1 - Dec 31, 1990

EXHIBIT 7 Exhibit 7
Account Number: 034-287872-03 Page 1 of 3

Important Tax Information. This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Prudential-Bache Securities Inc. Federal ID Number: 22-2347338

Your Financial Advisor:
ARTHUR FRITZ
SENIOR V.P. INVESTMENTS
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 262-38-4871

HARRY A JOHNSTON II
P O DRAWER E
W PALM BEACH FL 33402-3475

1099-DIV Dividends and Distributions

OMB NO.1545-0110

Kevin 2 reported this →

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	6,575.99	2 Federal income tax withheld	0.00
1b Ordinary dividends	6,575.99	3 Foreign tax paid	26.00
1c Capital gains distributions	0.00	4 Foreign country or U.S. possession	various
1d Nontaxable distributions	0.00	5 Liquidation distributions (cash)	0.00
1e Investment expenses	0.00	6 Liquidation distributions (noncash)	0.00

1099-B Proceeds From Broker and Barter Exchange Transactions

OMB NO.1545-0715

1a Date of sale	various	5 Description	various
1b CUSIP Number	various	6 Profit or (loss) realized in 1990	0.00
2 Stocks, bonds, etc. Reported to IRS gross proceeds less commissions	49,114.79	7 Unrealized profit or (loss) on open contracts—12/31/89	0.00
3 Bartering	0.00	8 Unrealized profit or (loss) on open contracts—12/31/90	0.00
4 Federal income tax withheld	0.00	9 Aggregate profit or (loss)	0.00

1099-OID Original Issue Discount

OMB NO.1545-0112

1 Total original issue discount for 1990*	3,366.45	3 Early withdrawal penalty	0.00
2 Other periodic interest	0.00	4 Federal income tax withheld	0.00
		5 Description	(see below)

* This may not be the correct figure to be reported on your income tax return. See instructions on back.

K - I don't know how to handle OID, See p. 2
RGR

Substitute IRS 1099 forms above dotted line.

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Dividends Received on Securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
4	BROWNING FERRIS IND	640.00	INCOME		1099-DIV
1	FIRST AUSTRALIA FUND	144.20	INCOME	INCLUDES FOREIGN TAX OF $26.00	1099-DIV
0	FIRST AUSTRALIA FUND	301.80	INCOME	REPORTED 1990, PAYABLE 1991	1099-DIV
1	FIRST UNION CORPORATION	270.00	INCOME		1099-DIV
4	FIRST UN CP SR90 PFD	2,799.78	INCOME		1099-DIV
4	FLAGLER BANK CRP CLA	668.21	INCOME		1099-DIV
1	FLORIDA NTL BKS FLA	312.00	INCOME		1099-DIV

Securities Account

Exhibit 7

HARRY A JOHNSTON II Jan 1 - Dec 31, 1990 Account Number: 034-287872-03 Page 2 of 3

Dividends Received on Securities (CONTINUED)

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
1	GENENTECH INCORPORATED OLD MERGER	8.00	INCOME		1099-DIV
8	KNIGHT RIDDER INCORPORATED	528.00	INCOME		1099-DIV
4	REEBOK INTERNATIONAL LIMITED	210.00	INCOME		1099-DIV
3	SOUTHEAST BANKING CORPORATION	694.00	INCOME		1099-DIV
	TOTAL INCOME - DIVIDENDS	$6,575.99			

Municipal Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS
2	MASS ST HFA HG RV RD JD 7.75 12/01/2019	3,100.00	EXEMPT	*
	TOTAL INCOME - MUNICIPAL	$3,100.00		

"*" - Municipal Bond Interest that is a full or partial tax preference item for the purposes of computing the Alternative Minimum Tax (AMT).

Original Issue Discount

DESCRIPTION	QUANTITY	CUSIP	AMOUNT	REPORTED ON
RJR NAB HLDG RD MN17.00 05/01/2007	19,525	74960MAA2R	3,366.45	1099-OID
TOTAL ORIGINAL ISSUE DISCOUNT			$3,366.45	

Partnership Distributions

PAYMENTS	PAYOR	DOLLAR AMOUNT	EXPLANATION	COMMENTS	REPORTED ON
1	DIST ON 2,500 AM FRST TAX EXMP MTG	210.25	PARTNERSHIP		K-1
	TOTAL PARTNERSHIP DISTRIBUTIONS	$210.25			

This information reflects certain Partnership Distributions credited to your account during the year. A separate schedule K-1 showing the taxpayer's share of the net income or loss will be provided directly to you from each of the partnerships indicated above.

Other Income

PAYMENTS	PAYOR	DOLLAR AMOUNT	SHARES	EXPLANATION	COMMENTS	REPORTED ON
1	FLAGLER BANK CRP CLA CUSIP: 338384100	5.25		FRACT SHR		1099-B
1	FLAGLER BANK CRP CLA		63	STOCK DIV		
0	RJR NAB HLDG RD MN17.00 05/01/2007 CUSIP: 74960MAA2R	9.54		FRACT SHR		1099-B
0	RJR NAB HLDG RD MN17.00 05/01/2007		2,575	STOCK DIV		

SP-0612B

Securities Account

Exhibit 7

HARRY A JOHNSTON II   Jan 1 - Dec 31, 1990   Account Number: 034-887872-85   Page 3 of 3

TOTAL OTHER INCOME $14.79

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
FIRST UNION CORP	1,000	09/04/90	09/11/90	15,610.00		BOUGHT		
SOUTHEAST BANKING CRP	1,000	05/04/90	05/11/90	12,243.06		BOUGHT		
SOUTHEAST BANKING CRP	2,000	06/26/90	07/03/90	19,148.67		BOUGHT		
SOUTHEAST BANKING CRP	2,100	08/20/90	08/27/90	16,649.05		BOUGHT		
SOUTHEAST BANKING CRP	2,000	09/19/90	09/26/90	9,773.96		BOUGHT		
SOUTHEAST BANKING CRP	2,000	09/20/90	09/27/90	10,279.21		BOUGHT		
WASTE MGMT INC	82	11/07/90	11/15/90	2,668.51		BOUGHT		
WHEELABRATOR TEC NEW	55	11/07/90	11/15/90	2,061.30		BOUGHT		

TOTAL INTEREST CHARGED ON DEBIT BALANCE $4,180.81

Other Activity

DESCRIPTION	QUANTITY	RECEIVED/ CHARGED	DELIVERED/ CREDITED	AMOUNT CHARGED	AMOUNT CREDITED	EXPLANATION	REPORTED ON
FIRST UN CP SR90 PFD	608	02/12				EXCHANGED	
FIRST UN CP SR90 PFD CASH IN LIEU CUSIP: 337358204			02/12		34.25	EXCHANGED	1099-B
FLORIDA NTL BKS EXD SERVICE FEE		01/29		20.00		EXCHANGED	
FLORIDA NTL BKS EXD CASH TENDER CUSIP: 341018109	-1,278		01/29		34,448.75	EXCHANGED	1099-B
FLORIDA NB OF FL EXM	-1,122		02/12			EXCHANGED	
GENENTECH INC OLD CASH MERGER CUSIP: 368710109	-800		09/10		34,400.00	EXCHANGED	1099-B
GENENTECH INC REDEEM	400	09/10				EXCHANGED	
WASTE MGMT INC	118	09/14				EXCHANGED	
WHLABRTR TEC NEW EXM	-253		09/14			EXCHANGED	
WHEELABRATOR TEC NEW	148	09/14				EXCHANGED	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 4:32
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Ben Lewis Jones
(Full Name)

Post Office Box 1661
Covington, Georgia 30209
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives — State: Georgia District: 4th ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

MK (Office Use Only) 6

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Universal Studios Inc., Universal City, CA	Salary	$60.00	
	Georgia State Association of Letter Carriers	Honorarium	$500.00	
	Outdoor Advertising Association of Georgia	Honorarium	$1000.00	
	Jayan House, Ltd. Atlanta, Georgia	Spouse salary	N/A	

For additional earned income, use next page

Reporting Individual's Name
Ben Lewis Jones

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:																										
S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
S	4317 LeHaven Circle, Tucker, GA				x							x										x					
S	1130 Pluma Drive, Atlanta, GA			x								x									x						
S	952 Billings Ave., Atlanta, GA			x								x									x						
S	1435 Vaughn Street, Atlanta, GA			x								x									x						
S	1439 Vaughn Street, Atlanta, GA			x								x									x						
JT	1608 Cornish Mtn Rd, Covington, GA					x																					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Ben Lewis Jones

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	4319 LeHaven Circle, Tucker, GA				x																						
JT	Pinewood, Ltd, Atlanta, GA (limited partnership)			x							x								x								
JT	Equ[illegible]s Investments I, Dallas, TX (limited partnership)		x								x								x								
S	University Avenue, Atlanta, GA			x																							

Reporting Individual's Name
Ben Lewis Jones

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXXXX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NUR Mortgage, Pittsburgh, PA	Mortgage on 4317 LeHaven Cir.		xx					
	NUR Mortgage, Pittsburgh, PA	Mortgage on 4319 LeHaven Cir.		xx					
	Newton Federal Savings and Loan	Mortgage on 1068 Cornish Mtn Rd		xx					
	Alliance Mortgage	Mortgage on 952 Billings Ave.		xx					
	Goldome Realty Credit Corporation	Mortgage on 1439 Vaughn St.		xx					

Goldome Realty Credit Corporation   Mortgage on 1435 Vaughn St.   xx

Reporting Individual's Name

Ben Lewis Jones

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXXX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Staggers for Congress Comm.	4/29/90	Roundtrip air travel, Atlanta to Charleston, WV	
David Price for Congress	6/22-23/90	Roundtrip air travel, Washington to Raleigh-Durham, two days food and lodging	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Ben Lewis Jones

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒ xxxx

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
Various	Warner Brothers Television	Residual income - television
Various	Universal Studios	Residual income - television
Annually	Screen Actors Guild	Employee Welfare and Benefit Plan

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ xx NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ xx NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 14, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 JUN 21 AM 7:55
OFFICE
U.S. HOUSE OF REPRESENTATIVES

WALTER B. JONES
(Full Name)

241 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: No. Carolina District: 1st	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

INSIDE MAIL MC ⑦ (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Mrs. Elizabeth Jones (under contract to edit publications)	Spouse salary	NA	
	Philip Morris Management Corporation, Washington, D.C. 4/15/90	Honoraria	$2,000.	
	Bill Carney & Associates, Washington, D.C. 5/15/90	Honoraria	$1,000.	
	RJR Nabisco, Washington, D.C. 5/23/90	Honoraria	$2,000.	
	Dawson Mathis & Associates, Washington, D.C. 6/7/90	Honoraria	$1,000.	
	Florida Sugar Cane League, Washington, D.C. 6/7/90	Honoraria	$1,000.	
	North Carolina Professional Fire Fighters Nags Head, North Carolina 9//7/90	Honoraria	500.	
	MEBA II, Washington, D.C. 11/9/90	Honoraria	$2,000.	
	American President Lines, Washington, D.C. 11/9/90	Honoraria	$2,000.	
	BP America, Inc., Cleveland, Ohio 12/13/90	Honoraria	$2,000.	

For additional earned income, use next page

2051

Reporting Individual's Name
WALTER B. JONES

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Lykes Bros. Steamship Co., New Orleans, La. 12/14/90	Honoraria	$2,000.	

Reporting Individual's Name

WALTER B. JONES

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	North Carolina National Bank		X								X							X									
	Investors Title Company		X								X								X								
	Centura Bank		X								X							X									
	Ford Motor Company		X								X							X									
	North Carolina National Bank			X									X						X								
	First Federal Savings and Loan		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

WALTER B. JONES

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Wachovia Bank & Trust Company		X										X					X									

Reporting Individual's Name
WALTER B. JONES

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Riggs National Bank	Loan		X					

Reporting Individual's Name

WALTER B. JONES

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	-

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

WALTER B. JONES

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Walter B Jones	**DATE (Month, Day, Year)** June 20, 1991

GPO: 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 3:41
OFFICE [illegible]
U.S. HOUSE OF [illegible]ENTATIVES

HAND DELIVERED.

James Prather Jontz
(Full Name)

1317 Longworth HOB
Washington DC 20515
(Mailing Address)

Filer Status	☑ Member of the U.S. House of Representatives	State: INDIANA District: 5TH	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC (Office Use Only) (6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Fertilizer Institute	Speech	$1,000	X

For additional earned income, use next page

Reporting Individual's Name

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			HOMETOWN FEDERAL SAVINGS BANK		X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors Corp.	Videotapes of Civil War Mini-Series on PBS	$130
WYIM -TV, Merrillville,	Videotapes of Civil War Mini-Series on PBS	$130

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII-"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, AND ENTERTAINMENT

SOURCE	DATE	BRIEF DESCRIPTION
Ohio Farmers Union	Jan. 19, 1990	Airfare: Indianapolis-Columbus Columbus-Chicago
Environmental and Energy Study Institute	Feb. 4-5, 1990	Roundtrip airfare St. Louis-Des Moines 1 night lodging (50%)
University of Idaho	Feb. 14-18, 1990	Roundtrip airfare Indianapolis-Lewiston Idaho 1 night lodging
National Legislative Education Foundation	Feb. 1-2, 1990	1 night lodging in Columbia, MD
ACRT, INC. Environmental Specialists	Feb. 18, 1990	Flight from Washington to Chicago via Cleveland
Wilderness Society	Aug. 4-8, 1990	Airfare from Washington to Portland, OR and Portland-South Bend plus 3 nights lodging and meals
Students for Environmental Awareness, Rutgers University	Nov. 8-9, 1990	Train from Washington to Metropark, NJ 1 night lodging Airfare from Newark-Indianapolis

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Dir.	Indiana Wildlfe Federation
Member, Board of Dir.	Citizens Action Coalition of Indiana

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James Jontz	DATE (Month, Day, Year) 5/15/91

GPO: 1991 27-095 (H)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

'91 MAY 15 PM 4:55
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Paul E. Kanjorski
(Full Name)

103 South Hanover Street
Nanticoke, Pennsylvania 18634
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: PA District: 11th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑧

In all sections, please type or print clearly in black ink.

PART I--EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Countrywide Thrift and Loan; Pasadena, CA (2/12/90)	Speech	$2,000	X
	Prudential-Bache Securities; New York, NY (5/7/90)	Speech	$2,000	X
	American Council of Life Insurance; Washington, DC (7/17/90)	Speech	$1,000	X
	Home Federal Savings and Loan Assn.; San Diego, CA (10/11/90)	Speech	$1,000	X
	Deloitte & Touche; Orlando, FL (11/30/90)	Speech	$1,000	X
	Securities Industry Assn.; New York, NY (12/18/90)	Speech	$2,000	X
	PA Assn. of Savings Institutions; Toronto, Ont. (8/2/90)	Speech	$2,000	X
	American Insurance Assn.; Washington, DC (4/26/90)	Speech	$500	X $150 donated
	Nat'l. Assn. of Fed. Credit Unions, Washington, DC (3/13/90)	Speech	$500	
	Bethlehem Steel, Washington, DC (4/20/90)	Speech	$500	

For additional earned income, use next page

Reporting Individual's Name
Paul E. Kanjorski

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Chicago Board of Trade; Chicago, IL (6/11/90)	Speech	$750	
Chicago Mercantile Exchange; Chicago, IL (6/11/90)	Speech	$750	
Nat'l. Assn of Postmasters; Washington, DC (2/22/90)	Speech	$1,000	
Deloitte, Haskins & Sells; Orlando, FL (1/12/90)	Speech	$1,000	
Nat'l. Assn of Letter Carriers; Enola, PA (1/12/90)	Speech	$2,000	
Securities Industry Assn; Washington, DC (2/28/90)	Speech	$2,000	
American Institute of CPAs; Washington, DC (4/20/90)	Speech	$2,000	
Goldman Sachs & Co.; New York, NY (5/9/90)	Speech	$2,000	
AT&T; Berkley Heights, NJ (6/1/90)	Speech	$2,000	
Credit Union Nat'l. Assn. Dist. 9; Las Vegas, NV (7/26/90)	Speech	$2,000	
Household International; Prospect Heights, IL (6/11/90)	Speech	$2,000	
Waste Management; Philadelphia, PA (8/2/90)	Speech	$2,000	
Fleetwood Enterprises; Riverside, CA (8/14/90)	Speech	$2,000	
Nat'l. Assn. of Life Underwriters; Washington, DC (12/7/90)	Speech	$2,000	
Morgan Stanley; New York, NY (12/18/90)	Speech	$2,000	

Reporting Individual's Name

Paul E. Kanjorski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calender year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	United Penn Bank, Wilkes-Barre, PA					X							X							X							
	Law Office Movable Assets		X															X									
	Real Property-20+ acres, ½ interest Dallas Twp., Luzerne County, PA						X											X									
	Real Property-90+ acres, 1/5 interest Wright Twp., Luzerne County, PA						X											X									
JT	IRA Equitable Life		X															X									
JT	IRA Prudential-Bache Securities American Capital Government Fund			X														X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Paul E. Kanjorski

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	1/10 interest in Father's Estate			X														X									
	Paul Kanjorski for Congress Committee					X											loan repayment								X		
	126 South Franklin St., Wilkes-Barre, PA - ½ interest					X						X									X						

Reporting Individual's Name
Paul E. Kanjorski

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Hanover National Bank, Wilkes-Barre, PA	126 S. Franklin St., Wilkes-Barre, PA—½ installment sales agreement/MRtg		X					

Reporting Individual's Name

Paul E. Kanjorski

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors, Detroit, Mich.	Set of nine PBS Civil War VHS tapes	$190.00 approx.
Rainer Hampp, Gutersloh, Germany	box of cigars	$100.00 approx.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Countrywide Thrift & Loan		2/9-12/90	Roundtrip air travel, Washington, DC-Los Angeles, CA, 3 days food & lodging, self and spouse	
Securities Industry Assn.		5/6-7/90	Roundtrip air travel, Washington, DC-New York, NY, 1 day food and lodging.	
Credit Union National Assn.		6/8-10/90	Air travel Washington, DC-Las Vegas-Chicago, 2 days food and lodging, ground transportation, self and spouse.	
Chicago Mercantile Exchange		6/10-11/90	Air travel Chicago-Washington, DC, 1 day food and lodging, ground transportation, self and spouse.	
Pennsylvania Assn. of Savings Institutions		6/15-18/90	Roundtrip air travel Washington, DC-Toronto, Ont., 3 days food and lodging, ground transportation, self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - Reimbursements

Home Federal Savings and Loan Assn.	8/10-14/90	½ Air travel-self: Wilkes-Barre, PA to San Diego, CA, and Ontario, CA to St. Louis, MO; spouse: Wilkes-Barre, PA to San Diego, CA to Orlando, FL; ½ 4 days food, lodging, ground transportation; self and spouse
Manufactured Housing Institute	8/10-14/90	½ Air travel-self: Wilkes Barre, PA to San Diego, CA, and Ontario, CA to St. Louis, MO; spouse: Wilkes-Barre, PA to San Diego, CA to Orlando, FL; ½ 4 days food, lodging, ground transportation; self and spouse.
Deloitte & Touche	11/28/90 to 12/1/90	Roundtrip air travel Washington, DC to Orlando, FL, ground transportation, lunch; self.
Credit Union Executive Society	12/9-11/90	Roundtrip air travel Washington, DC to Las Vegas, NV, 2 days food and lodging; self.
Securities Industry Assn.	12/18/90	Roundtrip air travel Washington, DC to New York, NY, lunch self.

Reporting Individual's Name

Paul E. Kanjorski

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Trustees	Wilkes University, Wilkes-Barre, Pennsylvania

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Paul E. Kanjorski

DATE (Month, Day, Year) 5/15/91

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 12: 19

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MARCIA C. (MARCY) KAPTUR
(Full Name)

1841 DORITY ROAD
(Mailing Address)

TOLEDO, OHIO 43615

Filer Status	☒ Member of the U.S. House of Representatives State: OHIO District: 9th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	NONE			

For additional earned income, use next page

Reporting Individual's Name

MARCIA C. (MARCY) KAPTUR

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	FIRST FEDERAL SAVINGS & LOAN ASSN			X									X								X						
	UNITED HOME FEDERAL		X										X							X							
	LITTLE FLOWER CREDIT UNION	X											X					X									
	US SAVINGS BONDS-SERIES EE		X										X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name

MARCIA C. (MARCY) KAPTUR

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
MARCIA C. (MARCY) KAPTUR

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CENTER FOR LEGISLATIVE EXCHANGE		4/10-12/90	Roundtrip Air from DC to Ottawa & Toronto,Lodging & Meals	
AFL-CIO(IUD)		9/6-7/90	Roundtrip Air from Detroit to Orlando, Lodging & Meals	
Treasurers of Religious Institutions		9/14-15/90	Roundtrip Air from D.C. to Chicago, Lodging & Meals	
National Pastoral Life Center		12/10-11/90	Roundtrip Air from Detroit to New York City, Lodging & Meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

MARCIA C. (MARCY) KAPTUR

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Marcia (Marcy) C. Kaptur	DATE (Month, Day, Year) MAY 14, 1991

GPO: 1991 27-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

1991 MAY 14 PM 3:57

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

John R. Kasich
(Full Name)

63 North West Street
Westerville, Ohio 43081
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Ohio District: 12th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) (6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	None			

For additional earned income, use next page

Reporting Individual's Name
John R. Kasich (Ohio/12)

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S. DC. JT Examples:	S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	BankOne, Columbus, Ohio		x										x					x									
	Wright Patman Credit Union, Wash.D.C.		x							(savings)			x					x									
	Wright Patman Credit Union, Wash.D.C.		x							(money market)			x					x									
	Northwestern Mutual Variable Annuity			x							x									x							
	Northwestern Mutual Variable Annuity		x								x								x								
	Northwestern Mutual Variable IRA		x								x								x								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John R. Kasich (Ohio/12)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S. DC. JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Putnam U. S. Government Securities				x						x										x						
	First Capital Insured		x								x							x									
	Alliance Insured Account				x						x											x					
	Washington Mutual Fund				x						x							x									
	NML Annuity			x							x									x							x
	NML Annuity		x								x								x								x

Reporting Individual's Name
John R. Kasich (Ohio/12)

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Northwestern Mutual Variable Annuity	X			payments per month	X						
	Northwestern Mutual Variable Annuity	X			payments per month	X						
	Northwestern Mutual IRA	X			payments per month	X						
	NML Annuity	X			payments per month	X						
	NML Annuity	X			payments per month	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	None								

Reporting Individual's Name
John R. Kasich (Ohio/12)

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
1990 Youthlinks Indiana	Gift Bag Items (golf umbrella, sweatshirt, golf balls, sweater, shoe bag, video, golf towels, etc.)	$169.25

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Israel Public Affairs Comm.	Feb.25	Roundtrip air from Wash.D.C. to Chicago, lunch, 1 day (speech)	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John R. Kasich (Ohio/12)

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
None		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** May 14, 1991

GPO 1991 37-5[illegible] (m)

Joseph P. Kennedy II
1990 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of Sheila R. Kennedy and the children of Joseph P. and Sheila R. Kennedy have not been reported herein. Assets disclosed last year and not appearing this year are the assets of the children neither of whom is considered a dependent child for disclosure purposes.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1990.

Trust under the will of George Skakel
Trust under the will of Ann B. Skakel

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 4:54

HAND DELIVERED

Joseph P. Kennedy II
(Full Name)

73 Bigelow Street
(Mailing Address)
Brighton, Massachusetts 02135

Filer Status	☒ Member of the U.S. House of Representatives State: Massachusetts District: 8	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	—
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Joseph P. Kennedy II

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	Bank of New England Accounts					X									X						X								
	Merrill Lynch Retirement Reserves & Retirement Benefit Investment Program (IRA's)					X							X			X							X						X
	January 27, 1926 Trust, Joseph P. Kennedy, grantor, FBO Robert F. Kennedy																X								X				
	August 31, 1959 Trust, Robert F. Kennedy, grantor, FBO Joseph P. Kennedy II																X								X				
	August 31, 1959 Trust, Robert F. Kennedy, grantor, FBO David A. Kennedy																X					X							
	Joseph P. Kennedy II Blind Trust, dated June 16, 1987																	X								X			

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joseph P. Kennedy II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Angerman Gas Venture - 1981 (a ltd partnership holding oil and gas properties), Pittsburgh, PA.		X*														Oil & Gas			X							
	L. F. Rothschild Venture Capital Fund (ltd partnership) Menlo Park, CA-Overall Value		X														Partnership Income	X									X
	Assets of limited partnership reflecting an .18% interest exceeding $1,000:																										
	Cadre Technologies, Providence, R.I.		X														None	X									
	Mentor Graphics Corp., Beaverton, OR		X														None	X									
	Interest in estates of Robert F. Kennedy and David A. Kennedy, as yet undistributed				X												None	X									

* based upon good faith estimate

Reporting Individual's Name
Joseph P. Kennedy II

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Silicon Compiler Systems Stock, Los Gatos, CA, -merged into Mentor Graphics Corporation			X	3/23/90	X						
	L.F. Rothschild Venture Capital Fund (limited partnership) Menlo Park, CA -distribution of Mentor Graphics Corporation stock to partners	Partnership Distribution			5/23/90	X						
	Merrill Lynch Retirement Benefit Investment Program -monthly dividend reinvestment	X			Monthly during 1990	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Joseph P. Kennedy II

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
New Mexico Democratic Party Genesse County Democratic Party		01/16-18/90	Roundtrip Air from Boston to Santa Fe and 3 days food & lodging - self and one staff	
Ironworkers Union		02/16-20/90	Roundtrip Air from Boston to Miami - self	
State of Israel Bond Development Corporation for Israel		12/11-12/90	Roundtrip Air from Boston to New York - self	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Joseph P. Kennedy II

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Honorary Chairman	Citizens Energy Corp.
Honorary Chairman	National Childrens Day Foundation, Inc.
Chairman, Vice President	The Canadian Robert F. Kennedy Memorial
Member, Board of Directors	The Flax Trust - America
Limited Partner (Transferee)	Angerman Gas Venture - 1981
Limited Partner (Transferee)	L. F. Rothschild Venture Capital Fund

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☒ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1991

GPO 1991 37-580 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 9 19
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

BARBARA BAILEY KENNELLY
(Full Name)

95 SCARBOROUGH STREET
(Mailing Address)

HARTFORD, CONNECTICUT 06105

Filer Status	☒ Member of the U.S. House of Representatives — State: CT District: 1	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Association of Life Underwriters Washington, D.C. - (May 7, 1990)	Honorarium	$2,000	X
	Johnson and Johnson Washington, D.C. - (May 8, 1990)	Honorarium	$1,000	X
	Health Life Organization Washington, D.C. - (May 17, 1990)	Honorarium	$500	X
	Charles E. Walker Associates, Incorporated Washington, D.C. - (May 23, 1990)	Honorarium	$2,000	X
	Orange and Rockland Utilities, Inc. Mawah, New Jersey - (June 22, 1990)	Honorarium	$1,000	X
	Beverly Enterprises - Health R Us Washington, D.C. - (July 17, 1990)	Honorarium	$1,000	X
	Related Capital Corporation Washington, D.C. - (July 19, 1990)	Honorarium	$500	X
	Securities Industry Association Washington, D.C. - (September 11, 1990)	Honorarium	$2,000	X
	Rome, Case, Kennelly & Klebanoff Bloomfield, Connecticut	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

BARBARA BAILEY KENNELLY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	John Moran, Incorporated (Beachhouse) 144 Middle Beach Rd., Madison, CT					X												X									
	Smith Barney (IRA)		X								X								X								
S	Millbrook Associates (2% Share) West Tisbury, Massachusetts	X															None	X									
S	South Street Associates (3 1/3% Share) 502 South Street, Bristol, CT			X													None	X									
S	RCK&K Realty (22% Share) 893 Bloomfield, Ave., Bloomfield, CT				X												None	X									
S	RCK&K, P.C. Pension Plan					X					X		X									X					

For additional assets and unearned income, use next page

Reporting Individual's Name

BARBARA BAILEY KENNELLY

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Smith Barney (IRA)		X								X								X								

Reporting Individual's Name

BARBARA BAILEY KENNELLY

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Hartford Hospital Medical Office Building Seymour Street, Hartford, Connecticut		X		1-2-90		X					

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

BARBARA BAILEY KENNELLY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Orange and Rockland Utilities, Inc. (Speech)		June 21-22, 1990	Oneway Air Travel from Washington, D.C. to New York, Oneway Car Travel from New York to Mahwah, New Jersey. One way Car Travel from Mahwah, New Jersey to Hartford, Connecticut 1 Night Lodging, self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BARBARA BAILEY KENNELLY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Trinity College - Hartford, Connecticut

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL
Barbara B. Kennelly

DATE (Month, Day, Year)
May 14, 1991

GPO : 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10:30
[illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

DALE EDWARD KILDEE
(Full Name)

1434 JANE AVENUE, FLINT, MI 48506
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: MICHIGAN District: 7th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SHANNON & LUCHS REAL ESTATE	SPOUSE-COMMISSIONS	NA	

For additional earned income, use next page

DALE E. KILDEE
7TH DISTRICT, MICHIGAN

2239 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3611

DISTRICT OFFICE:
316 WEST WATER STREET
FLINT, MI 48503
(313) 239-1437
TOLL FREE TO FLINT OFFICE
1-800-662-2685

HAND DELIVERED

Congreſs of the United States
House of Representatives
Washington, DC 20515

COMMITTEES:
COMMITTEE ON THE BUDGET
CHAIRMAN:
TASK FORCE ON
ECONOMIC POLICY

EDUCATION AND LABOR
CHAIRMAN:
SUBCOMMITTEE ON
ELEMENTARY, SECONDARY, AND
VOCATIONAL EDUCATION

1991 MAY 21 10: 23

May 21, 1991

✓ MC ①

Honorable Donn Anderson
Clerk, U.S. House of Representatives
1036 Longworth H.O.B.

Dear Mr. Anderson:

On page A-3, Part IV - Transactions of the Financial Disclosure Statement for 1990, the Amount of Transaction was inadvertently omitted. The column that should have been checked was "B" ($1,001-$15,000) for each of the three lines of entry, therefore amending the disclosure form dated May 14, 1991.

Sincerely,

Dale E Kildee

Dale E. Kildee, M.C.

dn

Reporting Individual's Name

DALE E. KILDEE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	DOMINION BANK		X										X					X									
	IRA - W.P.C.U.		X																								
S	IRA - W.P.C.U.		X																								
S	SEP - DOMINION BANK	X																									
	MICHIGAN LEGISLATIVE RETIREMENT				X																						
	(Vested but not receiving)																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

DALE E. KILDEE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	U.S. SAVINGS BONDS		X																								
DC	U.S. SAVINGS BONDS		X																								
DC	U.S. SAVINGS BONDS		X																								

Reporting Individual's Name

DALE E. KILDEE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
DC	U.S. GOVERNMENT BONDS		X		9/14/90							
DC	U.S. GOVERNMENT BONDS		X		5/19/90							
DC	U.S. GOVERNMENT BONDS		X		1990							

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
DALE E. KILDEE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
General Motors	Civil War Tapes	$120.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

DALE E. KILDEE

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1-1-77	STATE OF MICHIGAN & SELF	LIFE & HEALTH INSURANCE

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** ☐ **No** ☒ **NA** ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** ☐ **No** ☒ **NA** ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 14, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

Congressman Gerald D. Kleczka
(Full Name)

3268 South 9th Street
(Mailing Address)

Milwaukee, WI 53215

Filer Status	XX Member of the U.S. House of Representatives — State: WI District: 04	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC ⑦
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Wisconsin Bankers Assoc. Madison, WI 2/13/90	Speech	$1,500.	
	Waste Management, Oak Brook, Il 11/1/90	Speech	2,000.	
	WI League of Financial Inst,Waukesha,WI 2/16/90	Speech	2,000.	
	PMI, Mortgage Insurance Co, San Francisco 2/28/90	Speech	2,000.	
	First Republic Trift and Loan 2/28/90	Speech	2,000.	
	Chicago Mercantile Exchange 11/19/90	Speech	750.	
	Board of Trade, Chicago 11/19/90	Speech	750.	
	Hecht, Spencer, Associates, Washington DC, 10/19/90	Speech	1,000.	
	Securities, Industry Assoc. NY,NY 2/24/90	Speech	2,000.	
	Tobacco Institute, Washington DC 10/1/90	Speech	2,000.	

For additional earned income, use next page

Reporting Individual's Name

KLECZKA, GERALD D.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Geo. Washington Hospital, Alexandria, VA	Spouse Salary	NA	

2104

Reporting Individual's Name
KLECZKA, GERALD D.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Security Bank																										
	184 W. Wisconsin,Milwaukee			X									X							X							
JT	3262 South 9th St, Milwaukee				X							X										X					
	Rental Property																										
S	Wisconsin Retirement System																										
	201 E Washington Ave, Madison WI				X								X					X									

For additional assets and unearned income, use next page

2105

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
KLECZKA, GERALD D.

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**BLOCK D**
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Bay View Federal																										
	3974 S. Howell Ave, Milwaukee			X									X							X							

Reporting Individual's Name
KLECZKA, GERALD D.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S,DC,JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Lincoln Savings Bank, Milwaukee, WI	Mortgage on 3262 S. 9th St.		X					
		Milwaukee, WI							

Reporting Individual's Name
KLECZKA, GERALD D.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒ XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chicago Board of Trade		11/19/90	Air Travel from Chicago to DC and lunch	
WI League of Financial Inst.		2/23-26/90	Air Travel from DC to Miami and return. 2 days	
			lodging and meals for self and spouse	
California Thrift & Loan		3/8-11/90	Air Travel DC to San Francisco and return. 3 days	
Association			lodging and meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
KLECZKA, GERALD D.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Gerald D. Kleczka

DATE (Month, Day, Year)
May 10, 1991

GPO : 1987 37-586 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 AM 10 57
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

SCOTT KLUG
(Full Name)

737 SENECA PLACE
MADISON WISCONSIN 53711
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: WISC District: 2ND ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	TAK Communications	News Anchor	13,561	
	Blunt, Ellis + Loewi	Investment Banker	30,048	

For additional earned income, use next page

Reporting Individual's Name

SCOTT KLUG

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
J	CUNA CREDIT UNION/MADISON		X										X						X								
	BLUNT ELLIS + LOEWI (IRA)			X							X		X								X						
S	" " " (IRA/THERESA-SPOUSE)			X							X		X								X						
JT	Phillips Petroleum - STOCK			X							X								X								
JT	PACIFIC TELESIS - STOCK		X								X								X								
JT	McCORMICK Co - STOCK		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

SCOTT KLUG

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
DC	SOUTHWEST Bell (BRETT)			X							X								X								
DC	Union ElecTRIC (Keefe)		X								X								X								
DC	Blunt, Ellis + Loewi (Keefe)		X								X								X								
J	Philadelphia ElecTRIC		X								X			X					X								X
J	Commonwealth Edison		X								X			X					X								X

2112

Reporting Individual's Name
Scott Klug

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Philadelphia Electric		X		7-24-90	X						
JT	Commonwealth Edison		X		7-30-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Scott Klug

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
SCOTT KLUG

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Scott Klug

DATE (Month, Day, Year)
MAY 15, 1991

GPO: 1991 37-089

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 5:02

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

James Thomas Kolbe
(Full Name)

410 Cannon House Office Building
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Arizona District: 5	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	University of Arizona	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

James Thomas Kolbe

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Sonoita Arizona Land, ½ interest						X																				
	Sonoita, Arizona Land Sale - ½ interest			X									X	X								X					
	Motorola Corp. Stock		X								X								X								
	Valley National Bank, Checking & Savings Acct.		X										X						X								
	Merrill Lynch Cash Mgt. Acct.			X									X							X							
	Chase Money Market Acct.			X									X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James Thomas Kolbe

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Alliance Capital Reserves Money Mkt.			X									X							X							
	Merrill Lynch IRA				X								X								X						
	Source Capital - Stock		X								X								X								
	Medtronics - Stock		X								X								X								
	Broken Hill Proprietary - Stock		X								X							X									
	Esterline Corp. - Stock		X								X							X									
	Munivest - Municipal Bond Fund		X										X						X								
	Southmark Equity Partnership		X								X							X									
	Exeter Real Estate Investors - 1 share			X																							
	Golder Ranch Assoc. - Limited Ptnshp		X																								
	½ share Catalina Bonanza Ltd. - Ptnshp - ½ share		X																								
	Salt River Project - Series 3 Bonds		X																								
	Maricopa County Road Bonds		X																								
	Insured Municipal Income Trust		X																								
	Wood Canyon Corp. - 5% of outstanding stock				X																						

Reporting Individual's Name

James Thomas Kolbe

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Type of Transaction (X): Sale	Type of Transaction (X): Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
James Thomas Kolbe

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Hager Sharp (conference participant)	3/23-25/90	Three days food & lodging, Charlottesville, VA	
Center for Strategic & International Studies (conference participant)	4/27-29/90	Roundtrip bus transportation from Washington, DC to Williamsburg, VA; three days food & lodging	
International Space Development Conference (speech)	5/27/90	Airfare Phoenix, AZ to Los Angeles, CA/Los Angeles, CA to Tucson, AZ; food - one day	
NBC Today (discussion participant)	9/5-6/90	Roundtrip airfare Tucson, AZ to New York, NY; 2 days food, lodging, ground transportation	
PRISSA (speech)	11/28/90	Roundtrip airfare Tucson, AZ to Hermosillo, Mexico; food - one day	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

James Thomas Kolbe

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Wood Canyon Corp.
Trustee	Embry-Riddle Aeronautical University
Director	Community Food Bank

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 4:11
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

JOSEPH P. KOLTER
(Full Name)

2185 Mercer Road
New Brighton, PA 15066
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: PA District: IV	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Pennsylvania Credit Union League	honorarium	$500	
	Croatian Fraternal Union	Honorarium	$1000	

For additional earned income, use next page

Reporting Individual's Name
Joseph P. Kolter

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	1514 7th Avenue New Brighton, PA			X								X						X									
	1009 West 37th St. Beaver Falls, PA			X								X						X									
	Bank of New York			X							X										X						X
	Automated Cash Management Trust		X								X							X									
	Capital Industries Inc.	X											X					X									
	Capital Realty Investors		X										X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joseph P. Kolter

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Congressional Federal Credit Union		X										X						X								
	Century National Bank			X									X								X						
	Dynamics Science International	X									X							X									
	Ellwood City Federal Bank		X										X					X									X (closed)
	First Federal of New Castle	X											X					X									
	First Seneca Bank			X									X							X							X (opened)
	Flour Corporation			X							X							X									X
	Forum Group Inc.	X											X					X									
	Franklin U. S. Govt. Securities IRA	X									X								X								
	Greek Catholic Union		X										X						X								
	Integra		X								X							X									
	International Investment Insurance IRA		X								X							X									
	Mellon Bank		X										X						X								
	Michael Baker Jr. Engineers		X										X					X									
	Municipal Investment Trust		X								X								X								X

See additional assets and unearned income on next page. . .

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Joseph P. Kolter

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Mylan Laboratories			X							X							X									X
	Openheimer Fund IRA		X								X									X							
	Pittsburgh PA GO			X									X							X							
	Strategic Investment Fund IRA	X									X							X									
	Tandon Corporation	X									X							X									
	Van Camp & Merit PA			X									X							X							
	Fluor Corporation			X										X						X							X
	Mylan Laboratories			X													Capital Loss	X									X

Reporting Individual's Name

Joseph P. Kolter

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Flour Corporation		X		2-1-90		X					
	Mylan Laboratories Inc.		X		2-1-90		X					
	Municipal Investment Trust Fund (less than $1001)		X		5-25-90 9-25-90 11-25-90 12-25-90	X						
	1st Trust Ins. Mun. Bonds PENN (Bank of New York)		X		6-1-90 8-1-90	X						
	Greek Catholic Union	X			1-29-90 9-30-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Federal Bank-New Castle	Mortgage - 1009 W. 375h St. Beaver Falls, PA		X					

Reporting Individual's Name
Joseph P. Kolter

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Joseph P. Kolter

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
2-1-82	Commonwealth of Pennsylvania (Pension)	Monthly Payment

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

Joseph P. Kolter

SIGNATURE OF REPORTING INDIVIDUAL
Joseph P. Kolter

DATE (Month, Day, Year)
5/15/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

'91 MAY 15 PM 4:16
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Michael Joseph Kopetski
(Full Name)

1520 Longworth Bldg. U.S. House of Representatives
Washington, D.C. 20515
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Oregon District: 5 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Currier - McCormick Publishing Co.	Salary	$3175.00	
	Oregon Judicial Dept. -- State of Oregon	Spouse - Salary		

For additional earned income, use next page

Reporting Individual's Name
Michael Kopetski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			162 Main Street, Dover, Delaware				X							X								X							
S			AG Edwards Cash Fund		X										X						X								
S			Merrill, Lynch CMA Fund		X								X											X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting individual's name: Mike Kopetski

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset, Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income, Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
S	Greenwood Trust Certificate of Deposit		X										X						X								
S	New York Telephone Corporate Bond		X										X						X								
	McDonalds Common		X								X							X									Purchased & Sold before Yr-end
	Biogen Common		X														None	X									Purchased & Sold before Yr-end
	Service Corp Int'l Common		X								X							X									Purchased & Sold before Yr-end
	Castle & Cooke Common		X								X							X									Purchased & Sold before Yr-end
	Computer Assoc.	X															None	X									Purchased
	Hewlett-Packard		X								X							X									Purchased & Sold before Yr-end
S	Biogen		X														None	X									Purchased & Sold before Yr-end
S	Sears Roebuck Corp. Bond		X										X						X								Purchased @ Yr-end

Reporting Individual's Name
Mike Kopetski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Eastman Kodak Corporate Bond		X										X					X									
	GMAC Deferred Interest Zero C Bond		X														Deferred	X									Paid out
S	Eastman Kodak Corporate Bond		X										X						X								Purchased in '89 Sold in '90
S	IBM Common		X								X								X								Purchased & Sold & Repurchased
S	Oregon Vet. Municipal Bond		X										X						X								Purchased
S	Sears Roebuck Com.		X								X								X								Sold & Repurchased before [illegible]

For additional assets and unearned income, use next page

Reporting Individual's Name
Mike Kopetski
(~~[illegible]~~ Exec. Asst)

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
Spouse	Sears Roebuck Common		X		3.2.90	X						
Spouse	Eastman Kodak Corporate Bond		X		12.27.90	X						
Spouse	Biogen Common Stock	X			1.15.90	X						
Spouse	Biogen Common Stock		X		10.4.90	X						
Spouse	Sears Roebuck Common	X			3.22.90							

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
Spouse	Oregon Veterans Affairs Municipal Bond	X			4.2.90	X						
Spouse	IBM Common	X			5.7.90	X						
Spouse	IBM Common		X		10.24.90	X						
Spouse	IBM Common	X			12.6.90	X						
Spouse	Sears Roebuck Corporate Bond	X			12.27.90	X						

PART V—LIABILITIES

Reporting Individual's Name

Mike Kopetski - Indiv. Acct

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	McDonalds Corp. Common		X		1.8.90	X						
	Biogen Common	X			1.35.90	X						
	Biogen Common		X		1.17.90	X						
	Biogen Common	X			1.30.90	X						
	Biogen Common		X		2.2.90	X						

Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Service Corp Int'l Common	X			3.2.90	X						
	Service Corp Int'l Common		X		2.9.90	X						
	Service Corp Int'l Common	X			2.9.90	X						
	Service Corp Int'l Common		X		2.16.90	X						
	Castle & Cooke Common	X			3.29.90	X						

PART V – LIABILITIES

Reporting Individual's Name

Mike Kopetski · Indiv. Acct

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Castle & Cooke Common		x		8·14·90	x						
	Computer Assoc. Common	x			7·12·90	x						
	Hewlett-Packard Common	x			5·14·90	x						
	Hewlett-Packard Common		x		11·12·90	x						

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Reporting Individual's Name

Mike Kopetski - IRA

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Biogen Common	^			4.[illegible].90	X						
	Biogen Common		X		4.9.90	X						
	GMAC Deferred Interest Zero Coupon Bond	+			10.28.90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Michael Kopetski

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Michael Kopetski

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Director	The Connection Program

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Michael J Kopetski	5.15.91

GPO 1991 27-089 (m)

Reporting Individual's Name
PETER H. KOSTMAYER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT		BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset — Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Examples:	ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		Washington Federal Savings & Loan (IRA)			X									X							X							
		Monarch Variable Life Policy		X											X				X									

For additional assets and unearned income, use next page

Reporting Individual's Name

PETER H. KOSTMAYER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒ XX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒ XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member of Board & Public Advisory Cmte. --	Population Institute

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

Spouse information not included in accordance with 2USC 102 (d) (2)

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5-14-91

GPO: 1991 37-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 2 02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERE

JON LLEWELLYN KYL
(Full Name)

U.S. House of Representatives
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: AZ District: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

nc (Office Use Only) (6)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Jennings, Strouss & Salmon	Equity payments (see Part IX)	$7,924	
	Public Affairs Study Group (1-4-90)	Honoraria	500	X
	Siemens Corporation, Washington, D.C. (1-31-90)	"	1,500	X

For additional earned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

91 MAY 15 PM 4:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Peter Houston Kostmayer
(Full Name)

2436 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: Pennsylvania District: 08	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒ XX

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Spouse information not included in accordance with			
	2 USC 102 (d) (2)			

For additional earned income, use next page

Reporting Individual's Name
PETER H. KOSTMAYER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors Corp.	Videotapes on the Civil War	~~$71.00~~ $120.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Population Institute	May 26 - June 3	Member paid for car rental & Paris lodging Roundtrip Air from Wash. D.C. to Geneva/Paris, 4 days lodging	
Internatl. Open Space Conference	Sept. 22-23	Roundtrip Air from Phila./San Fran/DC & car rental/	
Natl. Assn. of Realtors	Nov. 8 - 12	Roundtrip Air Phila./ New Orleans & 1 day lodging/ balance pd by Member	
Waste Management	Mar. 31 - 4/2	Roundtrip airfare Phila/Chicago, 1 day lodging	
Sierra Club	Jan. 26	One-way airfare Wash. D.C./New York City	
Hudson Valley PAC	June 7	One-way airfare Wash., D.C./ Westchester County, NY	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: John J. LaFalce

PART 1 -- EARNED INCOME, INCLUDING HONORARIA
Continuation Sheet

Source	Type	Amount	Paid to Charity
The Secura Group, (3/2/90)	Speech	$2,000	X
National Council of Savings Institutions, (3/23/90)	Speech	$2,000	X
American Business Conference, (4/3/90)	Speech	$1,000	
Institute of International Bankers, (3/30/90)	Speech	$2,000	X
International Management & Development Institute, (5/1/90)	Speech	$2,000	
Securities Industry Association, (4/4/90)	Speech	$2,000	X
Employers Council on Flexible Compensation, (3/15/90)	Speech	$2,000	
The New York Times (8/23/90)	Article	$ 100	
Texas Conference on Small Business, (5/2/90)	Speech	$2,000	
National Truck Equipment Association, (4/26/90)	Speech	$2,000	
California Bankers Association, (5/22/90)	Speech	$1,000	X
Mayflower Warehousemen's Association, (4/26/90)	Speech	$1,000	X
Executive Enterprises Inc. (7/9/90)	Speech	$2,000	X
CL Global Partners Securities Corp., (6/12/90)	Speech	$2,000	X
American Banker, (5/29/90)	Speech	$2,000	X
Bankers Association for Foreign Trade, (6/4/90)	Speech	$2,000	X

Reporting Individual's Name

Jon Llewellyn Kyl

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income														Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Bank of America (fka MeraBank)		X										X						X								
JT			Sovran Bank		X										X						X								
JT			PaineWebber Equity Partners 2, LP			X													P'ship Income		X								
JT			PaineWebber Master Global Mutual Fund		X								X		X							X							
JT			PaineWebber Geodyne Energy Income LP			X													P'ship Income				X						
JT			Carefree-60th St. Property Real Estate LP			X													P'ship Income				X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jon Llewellyn Kyl

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Pima Road-Pinnacle Peak Real Estate LP			X													P'ship income	X									
JT	Flagstaff-Kachina Real Estate LP			X														X									
JT	Northern Village Shopping Center Real Estate LP			X													P'ship income		X								
JT	Boettcher 1981-82 Natural Gas Drilling LP			X													"	X Net		X Gross							
JT	Washington Street Properties Real Estate LP		S	O	L	D											"					X Net			X Gross		X
JT	Unimproved 1-care Lot, Greer, AZ	Full cash assessed value $20,040		X																							
	New York Life Insurance										X								X								
	Northwestern Mutual Insurance										X								X								
	Jennings, Strouss & Salmon Restated Profit Sharing Plan (Keough & IRA)					X					X		X	X			P'ship income					X					
	Silver (bag)		X																								

Reporting Individual's Name

Jon Llewellyn Kyl

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Washington St. Properties Ltd. Partnership		X		3-19-90				X*			
	*Distribution of $7,372 after losses and negative balance offset by sale proceeds of $123,445 and income of $27											
JT	PaineWebber Asset Allocation Mutual Fund		X			X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XXXX

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Jon Llewellyn Kyl

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
Wallace Roberson, Joseph City, AZ	Silver Indian bracelet	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
City of Phoenix	3-11-90	Attend Phoenix Grand Prix in City of Phoenix hospitality suite	X
Congressional Institute Wash., D.C. (substantial participant	2/22-2/24/90	2 days meals & lodging and roundtrip bus/train travel for self & spouse to Princeton, NJ	
"	12/1-2/90	1 day meals & lodging for self & spouse, St. Michaels, MD	
National Assoc. of Manufacturers (speech)	12/11/90	1 day food & lodging for self & spouse; roundtrip air travel for self only to Tucson, AZ	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jon Llewellyn Kyl

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Crime Victim Foundation
Board of Advisors	The Center for Security Policy

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
12/31/86	Jennings, Strouss & Salmon	Former law firm withdrawal rights, payable over 5 years, beginning 1987

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jon Kyl	**DATE (Month, Day, Year)** May 15, 1991

GPO: 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 AM 10:13
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

John J. LaFalce
(Full Name)
2367 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: NY District: 32nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 13

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Golembe Associates, (2/5/90)	Speech	$1,000	X
	Steel Service Center Institute, (1/23/90)	Speech	1,000	
	National Association for the Self-Employed, (1/31/90)	Speech	500	
	Capital Markets Credit Analysts Society, (1/20/90)	Speech	2,000	X
	National Commercial Finance Association, (1/16/90)	Speech	2,000	X
	National Association of Government Guaranteed Lenders, (1/17/90)	Speech	2,000	X
	American Trucking Association, Inc., (1/29/90)	Speech	2,000	
	BEI Golembe, (2/5/90)	Speech	1,000	X
	Bankers Association for Foreign Trade, (3/6/90)	Speech	2,000	X
	Manufacturers Hanover Corp., (3/5/90)	Speech	2,000	X

For additional earned income, use next page

Reporting Individual's Name: John J. LaFalce

PART 1 -- EARNED INCOME, INCLUDING HONORARIA
Continuation Sheet

Source	**Type**	**Amount**	**Paid to Charity**
Institutional Investor Council, (6/11/90)	Speech	$1,500	X
National Association of College & University Business Officers, (5/18/90)	Speech	$1,000	
American Enterprise Institute, (7/5/90)	Speech	$ 500	
MNC Financial Inc., (5/31/90)	Speech	$2,000	X
Securities Industry Association, (6/7/90)	Speech	$2,000	X
Chicago Mercantile, (6/11/90)	Speech	$1,500	X
American Institute of CPA's, (7/13/90)	Speech	$2,000	
Financial Services Council, (6/19/90)	Speech	$2,000	X
National Home Furnishings Association, (7/19/90)	Speech	$1,000	
U.S. League of Savings Institutions, (6/26/90)	Speech	$2,000	X
Fannie Mae (6/27/90)	Speech	$2,000	X
Whitman Corporation, (7/24/90)	Speech	$2,000	
National Federation of Independent Business & Foundation, (9/12/90)	Speech	$2,000	
National Association of Self-Employed, (11/28/90)	Speech	$ 750	A portion
AT&T, (12/6/90)	Speech	$2,000	X
Jones, Day, Reavis & Pogue (12/5/90)	Speech	$2,000	X

Reporting Individual's Name: John J. LaFalce

PART 1 -- EARNED INCOME, INCLUDING HONORARIA
Continuation Sheet

Source	Type	Amount	Paid to Charity
Securities Industry Association, (11/20/90)	Speech	$2,000	X
British Petroleum (11/29/90)	Speech	$2,000	X
Price Waterhouse, (11/19/90)	Speech	$2,000	X
American Institute of CPA's, (11/16/90)	Speech	$2,000	X
National Association of Realtors, (11/9/90)	Speech	$2,000	X
National Association of Postmasters of the U.S., (10/25/90)	Speech	$1,000	
National Customs Brokers & Forwarders Association of America, Inc., (10/11/90)	Speech	$1,000	
Association of Reserve City Bankers, (10/4/90)	Speech	$2,000	X
American Business Conference, Inc., (10/4/90)	Speech	$1,000	
National Automobile Dealers Association, (10/25/90)	Speech	$2,000	
Ernst & Young, (10/22/90)	Speech	$2,000	X
American Bankers Association, (5/10/90)	Speech	$2,000	X
J.P. Morgan, (9/4/90)	Speech	$2,000	X
Chicago Board of Trade, (6/11/90)	Speech	$1,500	X

Total honoraria received for 1990 was $93,350.00.

Of the $93,350.00, I donated $66,545.00 to charitable organizations, the overwhelming bulk of which went to the creation of scholarships for needy children who reside in the four counties I represent, Erie, Niagara, Orleans and Monroe.

PARTS II and III - ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: John J. LaFalce
Continuation Sheet **Page 2**

Asset/Income Source	Category of Value	Type of Income	Category of Amount of Income	Transaction
Dean Witter Account:				
IBM	B	Dividend	II	
Eastman Kodak	B	Dividend	I	
Gannett	B	Dividend	I	
Xerox	B	Dividend	II	
First Brands Corp.	B	Cap. Gains	II	X
Ford Motor Co.	B	Dividend	I	X
General Electric Co.	B	Dividend	I	X
Phillip Morris	B	Dividend	I	X
Active Assets Money Trust	C	Dividend	III	
Merrill Lynch Accounts:				
MIT Series 73 Bond NY	B	Interest	III	
NYC, NY Bonds Ser. A to 8/1/01	C	Interest	III	
NYC Mutual Water Fin.Auth. Rev. Bonds	B	None	I	
NYC Prams	B	None	I	
Seagate Technology	B	None	I	
NYS Urban Dev. Bonds	C	None	I	
NYC Prin.Ocpn. TIGR	C	None	I	
Blockbuster Entertainment Corp.	B	Cap. Gains	V	X
Upjohn Co.	B	Dividend	I	X
Convertible Holdings Capital Shares	B	Interest	II	
Merrill Lynch Account:				
MIT Series 73 Bond NY	B	Interest	II	
ALTA TTS Resh. Part.	B	None	I	
NYC, NY Bond Ser. A to 8/1/01	B	Interest	II	
MIT Series 10 NY	C	Interest	III	
TIGR, Series 23	B	None	I	
Franklin NY tax free	B	Dividend	III	
Cash Management Acct.	B	Interest	II	

PARTS II and III - ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: John J. LaFalce
Continuation Sheet **Page 3**

Asset/Income Source	Category of Value	Type of Income	Category of Amount of Income	Transaction
Prudential Bache Account:				
Diasonics	B	Cap. Loss	I	X
Seagate Technology	B	Cap. Gains	III	X
General Electric	B	Cap. Gains	IV	X
Mark IV	B	Dividend	I	
IBM	B	Dividend	II	
AT&T	B	Dividend	II	X
Money Market Assets	C	Dividend	IV	
Dean Witter - SEP:				
Eastman Kodak	B	Dividend	II	
Mark IV	B	Cap. Gains	IV	X
Templeton Global Opp.	B	Dividend	I	X
Liquid Assets	D	Dividend	IV	
Merrill Lynch - IRA: (self)				
TIGR Series 9	B	None	I	
CATS Series S	B	None	I	
Eastman Kodak	B	Dividend	I	X
Retirement Reserves	B	Dividend	II	
Merrill Lynch - IRA: (spouse)				
TIGR Series 9	B	None	I	
CAT Series S	B	None	I	
Eastman Kodak	B	Dividend	I	X
Retirement Reserves	B	Dividend	II	

PART IV - TRANSACTIONS

Continuation Sheet

Reporting Individual's Name
John J. LaFalce

Identification of Assets	Type of Transaction	Date	Amount of Transaction B C D E F G H
General Electric	Sale	7/12/90	B
AT&T	Purchase	12/10/90	B
Templeton Global Opportunities	Purchase	2/23/90	B
Mark IV	Sale	7/13/90	B
Eastman Kodak	Purchase	2/14/90	B
First Brands Corp.	Purchase	6/4/90	B
First Brands Corp.	Sale	7/16/90	B
Ford Motor Co.	Purchase	11/19/90	B
General Electric	Purchase	11/19/90	B
Phillip Morris	Purchase	11/19/90	B

Reporting Individual's Name
John J. LaFalce

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Colonial Manor Condo, W.Seneca, N.Y.			X								X									X						
			Leader Federal, Memphis, TN - escrow		X										X					X									
			M & T Bank		X										X							X							
			Goldome Bank			X									X								X						
			(Continued)																										

For additional assets and unearned income, use next page

Reporting Individual's Name

John J. LaFalce

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Blockbuster Entertainment Corp.	X			2-2-90	X						
	Blockbuster Entertainment Corp.		X		7-11-90	X						
	Upjohn Co.	X			7-12-90	X						
	Diasonics		X		12-18-90	X						
	Seagate Technology		X		7-12-90	X						

(Continued)

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
John J. LaFalce

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Manufacturers Hanover Trust	2/8/90	Roundtrip air travel from Wash., D.C. to N.Y.C.	
Institute of International Bankers	3/5/90	Roundtrip air travel from Buffalo, N.Y. to Wash., D.C.	
Texas Conference on Small Business	4/2 - 4/3/90	Roundtrip air travel from Wash., D.C. to Dallas, 1 night food & lodging	
Electronic Industry Association	4/9 - 4/12/90	Roundtrip air travel from Buffalo, N.Y. to Ft.Myers, FL, 3 nights food & lodging, self & dependent child	
National Truck Equipment Association	4/20/90	Roundtrip air travel from Buffalo, N.Y. to Wash., D.C., self and dependent child	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Names: John J. LaFalce

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Continuation Sheet **Page 2**

Source	**Date**	**Brief Description**
American Banker	4/25 - 4/26/90	Roundtrip air travel from Wash., D.C. to New York City, 1 night food & lodging
Bankers Association for Foreign Trade	4/30 - 5/1/90	Roundtrip air travel from Buffalo, N.Y. to Boca Raton, FL, 1 night food & lodging
CL Global Partners & Washingon Research Group	5/11/90	Air travel from Wash., D.C. to Boston, return Boston to Buffalo
Institute of International Bankers	5/24 - 5/25/90	Air travel from Wash., D.C. to New York City, return New York City to Buffalo, 1 night food & lodging
Chicago Mercantile	6/11/90	Roundtrip air travel Buffalo to Chicago
Whitman Corp.	7/22 - 7/23/90	Air travel from Buffalo to Chicago, return Chicago to Wash., D.C., 1 night food & lodging
National Federation of Independent Businesses	8/24 - 8/27/90	Roundtrip air travel from Buffalo to Denver, 3 nights food & lodging, self and dependent child
J.P. Morgan	8/28 - 8/29/90	Roundtrip air travel from Buffalo to New York City, 1 night food & lodging, self and dependent child
National Association of Realtors	11/9/90	Roundtrip air travel from Buffalo to New Orleans

Reporting Individual's Names: John J. LaFalco

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Continuation Sheet **Page 3**

Source	Date	Brief Description
National Association of Government Guaranteed Lenders	11/14 - 11/16/90	Roundtrip air travel from Buffalo to Orlando, FL, 2 nights food & lodging, self and dependent child
Securities Industry Association	11/28 - 11/29/90	Air travel from Rochester, N.Y. to Boca Raton, FL, return Boca Raton to Wash., D.C., 1 night food & lodging

Reporting Individual's Name
John J. LaFalce

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Rev. A. Joseph Bissonette Memorial Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John J LaFalce	DATE (Month, Day, Year) 5-15-91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
[illegible]

1991 MAY 15 PM 1:24

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

ROBERT J. LAGOMARSINO
(Full Name)

2332 Rayburn H. O. B.
Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ XX Member of the U.S. House of Representatives	State: California District: 19th	☐ Officer or Employee — Employing Office:
Report Type	☒ XX Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

mc (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$830	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Lagomarsino's, Inc.	Legal fees	$26,850	
	Estate of Emilio J. Lagomarsino	Attorney fees for estate	$30,531	
		(See attached letter from the Committee on Standards of Official Conduct)		

For additional earned income, use next page

Reporting Individual's Name
ROBERT J. LAGOMARSINO

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Bank of America (Cash Maximizer) bank account					X							X									X					
			Bank of America-checking account	X											X					X									
			Security Pacific Bank (cash Maximizer)					X							X							X							
			Security Pacific Bank (checking account)	X											X					X									
			Home Federal (CD) Bank Account					X							X								X						
			California Federal (CD) Bank Acct.					X							X								X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ROBERT J. LAGOMARSINO

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Ventura County National Bank Account (1/3 interest)		X										X					X									
	D. Witter/Sears Liquid Asset Fund	X									X							X									
	D. Witter/Sears Liquid Asset Fund (IRA)			X							X									X							
	Lagomarsino Citrus Partnership							X									Partnership income							X			
	L&L Citrus Partnership					X											"						X				
	Lagomarsino's Partnership						X										"					X					
	Central Building Partnership					X											"			X							
	Mineral Rights		X														Royalty					X					
	Lagomarsino's, Inc. (stock)								X		X							X									
	Ventura Realty (stock)						X				X							X									
	Solimar Beach Trust	X											X							X							
	Lagomarsino Voting Trust #1 (from the estate of EJ Lagomarsino)							X			X											X					
	Ventura Realty Stock						X																				
	American Commerical Bank Stock					X																					
	Lagomarsino Voting Trust #2 (from estate of EJ Lagomarsino)						X				X											X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ROBERT J. LAGOMARSINO

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Salinas Land Co. Stock					X																					
	Lagomarsino, Inc. Stock						X																				
	*Robert J. Lagomarsino Trust:																										
	**Trust established by the estate of Nilda Lagomarsino. I am an income beneficiary only							X			X											X					
	Salinas Land Co. Stock																										
	Ventura Realty Stock																										
	Bank of America stock																										
	First Interstate Bank Stock																										
	IMO Delaval Inc. Stock																										
	Americorp Stock																										
	Occidental Petroleum Stock																										
	Keystone Custodian Fund																										
	Phillips Pet. Royalty, Int.																										
	Bank of America, bank account																										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

ROBERT J. LAGOMARSINO

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Trust Continued:																										
	Paineweber Cash Fund																										
	American Comm'l Bank Account																										
	Improved Real Estate (Single Family Dwelling)																										
	State of California -Retirement	X															Pension				X						
	Soc.Sec. Admin.Disability benefits (step-son)																				X						
	Woodman Life		X								X								X								
	First Interstate Bancorp			X							X							X									
	Amerada Hess Corp. - Oil lease																royalty				X						

[illegible]

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

[illegible]

March 11, 1987

The Honorable Robert J. Lagomarsino
United States House of Representatives
2332 Rayburn House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of March 4, 1987, requesting the advice of this Committee regarding the applicability of House Rule XLVII to your receipt of fees for serving as attorney for your father's estate.

You explain that your father, Emilio J. Lagomarsino, died on November 3, 1985. You were named attorney for the estate in his will and associated with John Fay, Esquire, for this purpose. The will has been admitted to probate and the estate will be ready to be closed in the near future. The statutory attorneys' fees are $87,104.68, to which you would be entitled to no more than one-half, or $43,552.34.

House Rule XLVII limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rule XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Honorable Robert J. Lagomarsino
March 11, 1987
Page 2

The exemption is intended to assure Members that they could make decisions and take actions necessary to protect family resources. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) The services you have performed for your father's estate are closely analogous to those stated in the cited exemption. Furthermore, your nomination to serve as attorney by will, as well as the fact that the fee you are to receive is set by statute, is evidence that this activity does not present the type of conflict which House Rule XLVII was designed to address. Accordingly, the Committee is of the opinion that the specified fee is not embraced by the limitation of the rule.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the statement that this income is from family activity.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

Reporting Individual's Name

ROBERT J. LAGOMARSINO

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Estate of Emilio J. Lagomarsino distributed				May, 1990							X
	Loan to Committee to Re-elect Congressman Lagomarsino				Nov. 1990		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bloomingdale's	charge card	X						
	*Loan from Lagomarsino's, Inc.	to pay estate taxes							
	*Note was assumed by Robert Lagomarsino as part of estate of Emilio J. Lagomarsino when estate was distributed)						X		

Reporting Individual's Name

ROBERT J. LAGOMARSINO

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$125
	(NONE)	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Republican National Institute for International Affairs	June 7-11, 1990	Roundtrip air travel from Washington, D. C. to Frankfort, Germany and return - lodging and meals - Election observation/monitoring, Self	
Republican National Institute for International Affairs	Dec. 8-15, 1990	Roundtrip air travel from Washington, D. C. to USSR. Lodging and meals, self and spouse (NRIIA mission to establish contacts with Democratic parties)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROBERT J. LAGOMARSINO

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Lagomarsino's
~~Partner~~	~~Lagomarsino Citrus~~
Partner	L&L Citrus
~~Director~~	~~Lagomarsino, Inc. (Spouse)~~
Chairman	National Republican Institute on International Affairs (non-profit)
~~Partner~~	~~Central Building Partnership~~

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert J. Lagomarsino	May 15, 1991

GPO: 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 4: 15

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

H. Martin Lancaster
(Full Name)

1417 Longworth House Office Building
Washington, D.c. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: NC District: 3rd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC

(Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Carolina Telephone & Telegraph Company (2- 6-90)	Speech	$ 500	
	U.S. Telephone Association (1-25-90)	Speech	1,000	
	The Tobacco Institute (1-18-90)	Speech	2,000	
	AVCO Systems Textron (3- 2-90)	Speech	2,000	
	Philip Morris Corporation (3-13-90)	Speech	1,000	
	N.C. Restaurant Association (3-19-90)	Speech	500	
	National Restaurant Assoc. (3-19-90)	Speech	500	
	Smokeless Tobacco Council, Inc. (5-15-90)	Speech	1,000	
	AT&T (5-14-90)	Speech	2,000	
	RJR Nabisco (6-14-90)	Speech	2,000	

For additional earned income, use next page

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Reporting Individual's Name
H. Martin Lancaster

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Technology Forum (Boeing) (10-4-90)	Speech	500	
University of North Carolina-Charlotte (6-29-90)	Speech	50	
Coastal Carolina Community College (8-13-90)	Speech	250	X
Northern Virginia Community College	Spouse Salary	NA	
Montomery College	Spouse Salary	NA	
Bell Helicopter (12/20/90)	Speech	2,000	
LTV (12/21/90)	Speech	2,000	

Reporting Individual's Name
H. Martin Lancaster

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alter-native valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Briarwood Investments					X						X							X								
S	1st Union National Bank		X										X					X									
	1st Financial Savings & Loan		X										X					X									
	Old SavannahInvestments	X											X					X									
S	Branch Bank & Trust		X										X						X								
S	State Employees Credit Union		X										X					X									

For additional assets and unearned income, use next page

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Reporting Individual's Name

H. Martin Lancaster

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Wright Patman Congressional Credit Union		x										x					x									
	Lawyers Mutal Liability Ins.Co.		x								x							x									
S	Matheny Motor Co.			x							x									x							
S	Nationwide Ins. Co.		x								x							x									
S	Exxon			x							x									x							
	New East Bank		x								x							x									
	1/2 interest in lot at																										
	Bald Head Island, NC			x														x									
DC	Citizens Federal Savings	UNKNOWN													x					x							
DC	Branch Bank & Trust	UNKNOWN													x				x								
DC	Citizens Federal Savings	UNKNOWN													x					x							
DC	Branch Bank & Trust	UNKNOWN													x			x									

Reporting Individual's Name
H. Martin Lancaster

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	1st American Savings & Loan	Mortgage on Briarwood Invest-				X			
		ments property, Berkeley Blvd.							
		Goldsboro, NC							

Reporting Individual's Name

H. Martin Lancaster

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U.S. Telephone Assoc.	Jan 12-14, 1990	(Self & Spouse) Rountrip Air from DC to Rancho Mirage, CA, Food&Lodging	
The Tobacco Institute	Jan 16-19, 1990	Roundtrip Air from DC to LaQuinta, CA. Food & Lodging for three days	
AVCO Systems Textron	Mar 1 - 2, 1990	Roundtrip Air from DC to Wilmington, MA, plus overnight food and lodging	
N.C. Restaurant Assoc.	Mar 18-19, 1990	Overnight accommodations and Roundtrip air from DC to Charlotte, NC.	
UNC-Charlotte	Jun 29 1990	Air Charlotte, NC, to Kinston, NC	
Bell Helicopter	Dec 16-18 1990	Roundtrip Air from DC to Dallas, food & lodging for 2 days	

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* Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
H. Martin Lancaster

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Briarwood Investments (Owner of rental apartment units)
Director	Wayne Implement Corp.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
H Martin Lancaster	May 14, 1991

GPO 1991 27-080(m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 12 36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Thomas Peter Lantos
(Full Name)

1526 Longworth HOB
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 11	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Western Regional Council, Bonneville Group of Salt Lake City (11/30/89)	Speech	$2000	
	Rochester United Jewish Appeal (12/4/89)	Speech	$2000	
	National Staff Leasing Association (3/22/90)	Speech	$2000	
	University of California, San Diego (4/11/90)	Speech	$1000	
	Federation of Jewish Philanthropies, New York (6/5/90)	Speech	$2000	
	University of California, San Diego (6/17/90)	Speech	$2000	
	American Friends of Hebrew University, Milwaukee (6/24/90)	Speech	$2000	
	Washington Campus (6/27/90)	Speech	$2000	
	National Multi-Housing Association (9/17/90)	Speech	$2000	
	British Broadcasting Corporation (9/24/90)	Royalty	$70	

For additional earned income, use next page

Reporting Individual's Name
Thomas Peter Lantos

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
General Instrument Corporation (9/24/90)	Speech	$2000	
Christian Science Monitor (12/17/90)	Royalty	$100	
Carr-Gottstein Company, Anchorage, Alaska	Consulting	$6750	

TOM LANTOS
CALIFORNIA

WASHINGTON OFFICE
1526 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-3531

DISTRICT OFFICE
400 EL CAMINO REAL
SUITE 820
SAN MATEO, CA 94402
(415) 342-0300

Congress of the United States
House of Representatives
Washington, DC 20515

FOREIGN AFFAIRS
COMMITTEE
VICE CHAIRMAN
SUBCOMMITTEE ON EUROPE AND THE MIDDLE EAST
SUBCOMMITTEE ON ASIAN AND PACIFIC AFFAIRS
SUBCOMMITTEE ON INTERNATIONAL OPERATIONS

GOVERNMENT OPERATIONS
COMMITTEE
CHAIRMAN, SUBCOMMITTEE ON EMPLOYMENT
AND HOUSING

SELECT COMMITTEE
ON AGING
SUBCOMMITTEE ON RETIREMENT INCOME
AND EMPLOYMENT

CHAIRMAN, PERMANENT UNITED STATES
CONGRESSIONAL DELEGATION TO THE
EUROPEAN PARLIAMENT
CO-CHAIRMAN, CONGRESSIONAL
HUMAN RIGHTS CAUCUS

HAND DELIVERED

MAY 21 3 22

May 21, 1991

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MC

Mr. Donnald K. Anderson
Clerk of the House
United States House of Representatives
Washington, D.C. 20515

RE: Financial Disclosure Report of May 15, 1991

Dear Donn:

In the preparation of my Financial Disclosure Report, which was submitted to you on May 15, 1991, I reported among the assets held by my wife and myself: "Merrill-Lynch Individual Account (self)" and "Merrill-Lynch Individual Retirement Account (spouse)." For the record, the entire amount of the assets held in both IRA accounts as reported in my original Financial Disclosure filing are held in "Merrill-Lynch United States of America Government Reserves."

Cordially,

Tom Lantos

Tom Lantos
Member of Congress

Reporting Individual's Name
Tom Lantos

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Merrill Lynch Cash Management Account						X				X												X				
			Merrill Lynch Keogh Retirement Account					X												X									
			Merrill Lynch Individual Retirement Account (self)			X														X									
			Merrill Lynch Individual Retirement Account (spouse)			X														X									
			San Mateo County property							X				X											X				
			Franchise Tax Board, California	X											X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Thomas Peter Lantos

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	California Teachers Association	X															pension					X					
	State of California Public Systems	X															pension					X					

Reporting Individual's Name

Tom Lantos

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Thomas Peter Lantos

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Dartmouth College, Lecture		4/1-2/90	One day's food and lodging, self and spouse	
AIPAC, San Diego, Speech		4/11-12/90	Roundtrip airfare from San Francisco to San Diego, self & spouse	
Albanian American Foundation		4/28-29/90	Roundtrip airfare from Washington, DC, to New York City, taxi, lodging and meals for one day, self and spouse.	
Zionist Organization of America		4/30-5/1/90	Roundtrip airfare from Washington, DC, to NYC, taxi, food and lodging for one day, self and spouse.	
Congressional Human Rights Foundation		5/25-6/1/90	Roundtrip transportation from Washington, DC, to Albania and Yugoslavia, spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Part VII (Continued)

Federation of Jewish Philanthropies	6/5/90	Roundtrip airfare from Washington, DC, to NYC, self and spouse.
University of Calif., San Diego	6/17/90	Roundtrip airfare from San Francisco to San Diego, self and spouse.
American Friends of Hebrew University, Milwaukee	6/24/90	Roundtrip airfare from Jamestown, NY, to Milwaukee, Wisc., self.
August Shipping, New York	8/16-17/90	Roundtrip airfare from San Francisco to New York, one day's food and lodging, self and spouse.
United Jewish Appeal, Utah	8/25-26/90	Roundtrip airfare from San Francisco to Salt Lake City, one day's food and lodging, self and spouse.
American Friends of Hebrew University, New York	10/22-23/90	Roundtrip airfare from Washington, DC, to NYC, one day's food and lodging, self and spouse.
International Assn. of Political Consultants	11/11-15/90	Roundtrip airfare from Washington, DC, to Budapest, Hungary, spouse.
Congressional Human Rights Foundation	12/7/90	Trainfare from Washington, DC, to New York City, airfare from NYC to New Hampshire, self and spouse.

Reporting Individual's Name
Thomas Peter Lantos

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Co-Chairman	Congressional Human Rights Foundation
Consultant	Carr-Gottstein Company, Anchorage, Alaska

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom Lantos	May 15, 1991

GPO 1991 27-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:10
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Larry LaRocco
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Filer Status ☒ Member of the U.S. House of Representatives State: Idaho District: 1st ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

mc (Office Use Only) 12

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Piper, Jaffray & Hopwood, Inc.	Salary, Bonus, Commissions	$150,153	
	Boise High School District	Spouse Salary	NA	
	Boise State University	Spouse Consulting Fee	NA	
	Idaho Department of Administration	Spouse Consulting Fee	NA	
	Idaho Supt. of Public Instruction	Spouse Consulting Fee	NA	

For additional earned income, use next page

Reporting Individual's Name

Larry LaRocco

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:																										
S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Albertsons		X											X						X							X sold
JT	Hewlett Packard		X								X							X									X sold
JT	T J INTL INC		X								X							X									X sold
JT	Universal Foods, Inc.		X											X						X							X sold
JT	Upjohn Co.		X								X			X				X		X							X sold
JT	Shearson Lehman Hutton		X								X							X									X sold

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Larry LaRocco

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	MFS Municipal Inc. Trust		X								X						non-tax		X								X sold 1000 shares
JT	MFS Multimarkets		X								X									X							
JT	Cambridge Bioscience Corp		X																								X sold
JT	Cellcom Corp		X																								X sold
JT	First Bank Systems, Inc.		X																								X sold
JT	USAIR Group, Inc.		X								X							X									X sold
JT	Colonial Nat'l Bank - CD		X								X								X								X redeemed
JT	Piper, Jaffray & Hopwood, Inc.		X											X					X								X sold
JT	7281 Cascade Dr., Boise, Id				X							X		X				X	(net)		X	(gross)	X				X sold
JT	4890 Bitterbrush, Boise, Id				X							X		X				X	(net)		X	(gross) X					X sold
JT	Puddin Mtn.,Unit 15-B, McCall, Id				X							X		X				X	(net)		X	(gross) X					X sold
JT	½ interest 10 acres Bareland, Clark Fork,Id		X		(partnership)																						X sold
	Zero coupon Bond - IRA account		X																								
	CD with Aunt in Los Angeles, Ca			X													income to Aunt										
	CD with Uncle in Hemet, Ca				X												income to Uncle			(Trust Account)							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Larry LaRocco

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Capital Educators Savings Account, Credit Union		X								X								X								
S	Beneficial Interest/Shareholder Cloudcroft Farms			X																							

Reporting Individual's Name
Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	7281 Cascade Dr., Boise, Id		X		5/18/90			X				
JT	4890 Bitterbrush, Boise, Id		X		9/28/90			X				
JT	Puddin Mtn., Unit 15-B, McCall, Id		X		4/16/90			X				
JT	10 acres, Bareland, Clark Fork, Id		X		8/31/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Albertsons Stock		X		3/30/90	X						
JT	Hewlett Packard Stock		X		3/30/90	X						
JT	T J Int'l Inc. Stock		X		3/30/90	X						
JT	Upjohn Co. Stock		X		1/25/90	X						
JT	Upjohn Co. Stock		X		3/30/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Larry LaRocco

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Cellcom Corp Stock		X		2/23/90	X						
JT	First Bank Systems Stock		X		3/30/90	X						
JT	USAIR Group, Inc. Stock		X		2/23/90	X						
JT	Colonial Nat'l Bank CD (Redeemed)		X		1/20/90	X						
JT	Piper Jaffray & Hopwood Stock		X		12/14/90	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

LARRY LaROCCO
1ST DISTRICT IDAHO

COMMITTEE ON INTERIOR

COMMITTEE ON BANKING

1117 LONGWORTH BUILDING
WASHINGTON DC 20515
(202) 225-6611

DISTRICT OFFICES

304 NO 8TH STREET
BOISE IDAHO 83702
(208) 343-4211

621 MAIN STREET
LEWISTON IDAHO 83501
(208) 746-0694

408 SHERMAN AVENUE
COEUR D ALENE IDAHO 83814
(208) 667-2110

Congress of the United States
House of Representatives
Washington, DC 20515

HAND DELIVERED

May 23, 1991

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MC ✓

'91 MAY 24 AM 9 08

Honorable Louis Stokes
Chairman
Committee on Standards of Official
U.S. House of Representatives
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

Per your correspondence dated, May 21, 1991, please be advised of the following amendments and clarification to my original filing with the Committee on May 15th.

PART II. ASSETS

2. Zero coupon Bond - IRA Account
   U.S. Government Issued Strip

4. JT 3/5 acre lot - Bareland Recreation Property
   Rio Vista Subdivision, McCall, Idaho

   CD with Aunt in Los Angeles, California
   Valley Federal Savings and Loan

   CD with Uncle in Hemet, California
   American Savings Bank

PART V - LIABILITIES

	Creditor	Type of Liability	Category
JT	Piper, Jaffray and Hopwood, Inc.	Margin Account	C

I am attaching copies of those pages which have been amended. If you have any questions, please contact me.

Thank you for your attention.

Sincerely,

Larry LaRocco

Larry LaRocco
Member of Congress

Reporting Individual's Name

Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Shearson Lehman Hutton Stock		X		1/25/90	X						
JT	Shearson Lehman Hutton Stock		X		2/23/90	X						
JT	MFS Municipal Inc. Trust Stock		X		2/23/90	X						
JT	Cambridge Bioscience Stock		X		1/25/90	X						
JT	Cambridge Bioscience Stock		X		2/23/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Larry LaRocco

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X)				Amount of Transaction						
			Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example	ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Bowest Corp.	Mortgage on 7281 Cascade Dr.Boise,Id			X	(satisfied)			
JT	Key Bank of Idaho	Mortgage on 4890 Bitterbrush, Boise, Id			X	(satisfied)			
JT	First Security Bank of Idaho	Mortgage on Puddin Mtn,15-B,McCall,Id			X	(satisfied)			
JT	Key Bank of Idaho	Signature Loan/Campaign		X	(satisfied)				
JT	Key Bank of Idaho	Secured Loan		X					

Reporting Individual's Name
Larry LaRocco

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Education Loan Services, Inc.	Education Loan	X						
JT	Key Bank of Idaho	Signature Loan	X						

Reporting Individual's Name
Larry LaRocco

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Larry LaRocco

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Vice President	Piper, Jaffray & Hopwood - resigned 1990
Secretary/Treasurer	Western Idaho Training Co (WITCO) - non-profit
Chairman	KBSU Citizens Advisory Board - resigned 1990

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
March 1989	Shearson Lehman Hutton	Vested in retirement plan
December 1990	Piper, Jaffray & Hopwood	Piper, Jaffray & Hopwood 401-K Plan

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** ☐ **No** ☒ **NA** ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** ☐ **No** ☒ **NA** ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15, 1991

GPO: 1991 37-580 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

HAND DELIVERED

HAND DELIVERED

15 3 11

9 08

Larry LaRocco
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: Idaho District: 1st	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A seperate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Piper, Jaffray & Hopwood, Inc.	Salary, Bonus, Commissions	$150,153	
	Boise High School District	Spouse Salary	NA	
	Boise State University	Spouse Consulting Fee	NA	
	Idaho Department of Administration	Spouse Consulting Fee	NA	
	Idaho Supt. of Public Instruction	Spouse Consulting Fee	NA	

For additional earned income, use next page

Reporting Individual's Name
Larry LaRocco

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Albertsons		X											X						X							X sold
JT	Hewlett Packard		X								X							X									X sold
✓ JT	T J INTL INC		X								X							X									X sold
✓ JT	Universal Foods, Inc.		X											X						X							X sold
✓ JT	Upjohn Co.		X								X			X				X		X							X sold
✓ JT	Shearson Lehman Hutton		X								X							X									X sold

For additional assets and unearned income, use next page.

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Larry LaRocco

BLOCK A		BLOCK B									BLOCK C																BLOCK D
Asset and/or Income Source		Valuation of Asset									Income																
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S DC JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	MFS Municipal Inc. Trust		X								X						non-tax		X								X sold 1000 shares
JT	MFS Multimarkets		X								X									X							
JT	Cambridge Bioscience Corp		X																								X sold
JT	Cellcom Corp		X																								X sold
JT	First Bank Systems, Inc.		X																								X sold
JT	USAIR Group, Inc.		X								X							X									X sold
JT	Colonial Nat'l Bank - CD		X								X								X								X redeemed
JT	Piper, Jaffray & Hopwood, Inc.		X											X					X								X sold
JT	7281 Cascade Dr., Boise, Id				X							X		X				X(net)		X			(gross) X				X sold
JT	4890 Bitterbrush, Boise, Id				X							X		X				X(net)		X		(gross) X					X sold
JT	Puddin Mtn., Unit 15-B, McCall, Id				X							X		X				X(net)		X		(gross) X					X sold
JT	10 acres ½ interest Bareland, Clark Fork, Id	X		(partnership)																							X sold
	U.S. Govt issued STRIP Zero coupon Bond - IRA account	X																									-
	Valley Fed. Savings & Loan CD with Aunt in Los Angeles, Ca		X														income to Aunt										
	American Savings Bank CD with Uncle in Hemet, Ca			X													income to Uncle		(Trust Account)								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Larry LaRocco

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
S. DC. JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	MFS Municipal Inc. Trust		X								X						non-tax		X								X sold 1000 shares
JT	MFS Multimarkets		X								X									X							
JT	Cambridge Bioscience Corp		X																								X sold
JT	Cellcom Corp		X																								X sold
JT	First Bank Systems, Inc.		X																								X sold
JT	USAIR Group, Inc.		X								X							X									X sold
JT	Colonial Nat'l Bank - CD		X								X								X								X redeemed
JT	Piper, Jaffray & Hopwood, Inc.		X											X					X								X sold
JT	7281 Cascade Dr., Boise, Id				X							X		X				X(net)			X		(gross) X				X sold
JT	4890 Bitterbrush, Boise, Id				X							X		X				X(net)			X	(gross) X					X sold
JT	Puddin Mtn.,Unit 15-B, McCall, Id				X							X		X				X(net)			X	(gross) X					X sold
JT	10 acres ½ interest Bareland, Clark Fork,Id		X	(partnership)																							X sold
	Zero coupon Bond - IRA account		X																								
	CD with Aunt in Los Angeles, Ca			X													income to Aunt										
	CD with Uncle in Hemet, Ca				X												income to Uncle		(Trust Account)								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Larry LaRocco

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Savings Account, Capital Educators Credit Union		X																								
S	Beneficial Interest/Shareholder Cloudcroft Farms			X																							
JT	3/5 acre, Bareland Recreation Property Rio Vista Subdivision, McCall, ID			X																							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Larry LaRocco

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Savings Account, Capital Educators Credit Union		X								X								X								
S	Beneficial Interest/Shareholder Cloudcroft Farms			X																							

Reporting Individual's Name
Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

$, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	7281 Cascade Dr., Boise, Id		X		5/18/90			X				
JT	4890 Bitterbrush, Boise, Id		X		9/28/90			X				
JT	Puddin Mtn., Unit 15-B, McCall, Id		X		4/16/90			X				
JT	10 acres, Bareland, Clark Fork, Id		X		8/31/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

$, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
JT	Albertsons Stock		X		3/30/90	X						
JT	Hewlett Packard Stock		X		3/30/90	X						
JT	T J Int'l Inc. Stock		X		3/30/90	X						
JT	Upjohn Co. Stock		X		1/25/90	X						
JT	Upjohn Co. Stock		X		3/30/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Larry LaRocco

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
JT	Cellcom Corp Stock		X		2/23/90	X						
JT	First Bank Systems Stock		X		3/30/90	X						
JT	USAIR Group, Inc. Stock		X		2/23/90	X						
JT	Colonial Nat'l Bank CD (Redeemed)		X		1/20/90	X						
JT	Piper Jaffray & Hopwood Stock		X		12/14/90	X						

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Shearson Lehman Hutton Stock		X		1/25/90	X						
JT	Shearson Lehman Hutton Stock		X		2/23/90	X						
JT	MFS Municipal Inc. Trust Stock		X		2/23/90	X						
JT	Cambridge Bioscience Stock		X		1/25/90	X						
JT	Cambridge Bioscience Stock		X		2/23/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

$, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Larry LaRocco

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Bowest Corp.	Mortgage on 7281 Cascade Dr.Boise,Id			X	(satisfied)			
JT	Key Bank of Idaho	Mortgage on 4890 Bitterbrush, Boise, Id			X	(satisfied)			
JT	First Security Bank of Idaho	Mortgage on Puddin Mtn,15-B,McCall,Id			X	(satisfied)			
JT	Key Bank of Idaho	Signature Loan/Campaign		X	(satisfied)				
JT	Key Bank of Idaho	Secured Loan		X					

Reporting Individual's Name	Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Education Loan Services, Inc.	Education Loan	X						
JT	Key Bank of Idaho	Signature Loan	X						

Reporting Individual's Name
Larry LaRocco

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Education Loan Services, Inc.	Education Loan	X						
JT	Key Bank of Idaho	Signature Loan	X						
JT	Piper, Jaffray & Hopwood, Inc.	Margin Account		X					

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Larry LaRocco

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Larry LaRocco

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Vice President	Piper, Jaffray & Hopwood - resigned 1990
Secretary/Treasurer	Western Idaho Training Co (WITCO) - non-profit
Chairman	KBSU Citizens Advisory Board - resigned 1990

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
March 1989	Shearson Lehman Hutton	Vested in retirement plan
December 1990	Piper, Jaffray & Hopwood	Piper, Jaffray & Hopwood 401-K Plan

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 15, 1991

GPO 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 3:20
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Gregory Haines Laughlin
(Full Name)

P.O. Box 504
(Mailing Address)
West Columbia, Texas 77486

Filer Status	☒ Member of the U.S. House of Representatives State: Texas District: 14th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Arco, Los Angeles, Ca. (Jan. 3,1990)	Speech	$1,000	
	Phillips Petroleum, Washington, D.C. (Feb. 21, 90)	Speech	$1,000	
	Textron, Fort Worth, Texas, (March 30, 1990)	Speech	$1,000	
	Chicago Board of Trade, Chicago, (Dec. 12, 1990)	Speech	$500	
	Chicago Mercantile, Chicago, Dec. 12, 1990	Speech	$500	
	Fairfax County Independent School District	Spouse Salary	NA	
	Griggs, Griggs and Laughlin Law fees earned from 1985-88 but collected in 1990	Law fee	$45,526	

For additional earned income, use next page

Reporting Individual's Name
Gregory Haines Laughlin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	Super 8 Motel Limited										X								X								
S	Brazoria Rent House											X									X						
	West Columbia National Bank												X						X								
	Super 8 Motels		X																								
	Unimproved 13.66 acres: Damon Highway, Tx. 35% interest				X																						
	Unimproved 18 Acres, Bernard River, Tx. 33% interest			X																							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Gregory Haines Laughlin

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S., DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Brazoria Rent House, Brazoria Tx			X																							
	Parternship Interest		X																								
	Plaza Partners Banc Texas		X																								
	Delta Gamblers, Inc.	X																									X Sold
	Eugene Island, Inc.	X																									

Reporting Individual's Name

Gregory H. Laughlin

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Banc Texas, Houston, Tx	Promissory Note		X					
	West Columbia National Bank, W.C., Tx.	Personal Note		X					

Reporting Individual's Name
Gregory H. Laughlin

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Arco	Jan3-4 '90	R/T Air Travel From D.C. to LA, 1 day food and lodge	
Dow Chemical	1-10-90	R/T air from Brazoria, Tx. to Midland, Michigan, and lunch	
Textron	3-30-90	R/T air from D.C. to Dallas, and lunch	
Good Roads of Texas	6-11-90	one night lodging in Austin, Tx.	
Association of General Cont.	6-20 to 6-23 '90	R/T air from D.C. to Huntsville, Ala. 3 days lodging and food for self and spouse	
Texas Farm Bureau	12-7 to 12-8 '90	R/T Air from Houston to Lubbock, Tx. one day food and lodging	
Chicago Board of Trade	12-19-90	R/T Air from D.C. to Chicago, and lunch	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Gregory Haines Laughlin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
Nov 88	Wes Griggs	Oral Agreement that I may return to the family law firm upon leaving Congre

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Greg Laughlin	May 15, 1991

2222

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK OF [illegible]
1991 JUN -7 AM 8 07
[illegible]
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

✓ MC ⑥
(Office Use Only)

Gregory Haines Laughlin
(Full Name)

P.O. Box 504
(Mailing Address)
West Columbia, Texas 77486

Filer Status: ☒ Member of the U.S. House of Representatives State: Texas District: 14th ☐ Officer or Employee Employing Office:

Report Type: ☐ Annual (May 15) ☒ Amendment ☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Arco, Los Angeles, Ca. (Jan. 3,1990)	Speech	$1,000	
	Phillips Petroleum, Washington, D.C. (Feb. 21, 90)	Speech	$1,000	
	Textron, Fort Worth, Texas, (March 30, 1990)	Speech	$1,000	
	Chicago Board of Trade, Chicago, (Dec. 12, 1990)	Speech	$500	
	Chicago Mercantile, Chicago, Dec. 12, 1990	Speech	$500	
	Fairfax County Independent School District	Spouse Salary	NA	
	Griggs, Griggs and Laughlin Law fees earned from 1985-88 but collected in 1990	Law fee	$45,526	

For additional earned income, use next page

Reporting Individual's Name
Gregory Haines Laughlin

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
S	Super 8 Motel Limited				X								X								X								
S	Brazoria Rent House					X								X									X						
	West Columbia National Bank				X										X						X								
	Super 8 Motels				X								X							X									
	Unimproved 13.66 acres: Damon Highway, Tx. 35% interest						X									X				X									
	Unimproved 10 acres, Bernard River, Tx. 33% interest					X										X				X									

For additional assets and unearned income, use pa

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Gregory Haines Laughlin

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Brazoria Rent House, Brazoria Tx			x								x						x									
	Parternship Interest		x											x				x									
	Plaza Partners Banc Texas		x											x				x									
	Delta Gamblers, Inc.	x												x				x									x Sold
	Eugene Island, Inc.	x												x				x									
	501 East Bernard St, West Columbia Tx				x							x										x					

Reporting Individual's Name

Gregory Haines Laughlin

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	Delta Gamblers —sold for $526.81		x		6-90							

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Banc Texas, Houston, Tx	Promissory Note		x					
	West Columbia National Bank, W. C., Tx.	Personal Note		x					

Reporting Individual's Name
Gregory H. Laughlin

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Arco		Jan3-4 '90	R/T Air Travel From D.C. to LA, 1 day food and lodge	
Dow Chemical		1-10-90	R/T air from Brazoria, Tx. to Midland, Michigan, and lunch	
Textron		3-30-90	R/T air from D.C. to Dallas, and lunch	
Good Roads of Texas		6-11-90	one night lodging in Austin, Tx.	
Association of General Cont.		6-20 to 6-23 '90	R/T air from D.C. to Huntsville, Ala. 3 days lodging and food for self and spouse	
Texas Farm Bureau		12-7 to 12-8 '90	R/T Air from Houston to Lubbock, Tx. one day food and lodging	
Chicago Board of Trade		12-19-90	R/T Air from D.C. to Chicago, and lunch	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Gregory Haines Laughlin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
Nov. 1988	Wes Griggs	Oral Agreement that I may return to the family law firm upon leaving Congre

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 18.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Greg Laughlin	5 June 91

GPO: 1991 37-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 PM 4:40
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

⑩

MK (Office Use Only)

Jim Leach
(Full Name)

1514 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives State: Iowa District: First	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒ XX

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
Jim Leach

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Adel Furnace Wholesalers *																										
	Adel Wholesalers*								X		X														X		
	Air Wisconsin			X																							
	F.C.I. Inc.	X																									
	* Merged in 1990																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continued

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Leach

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Leach Family Farms					x					x											x					
	Leach Realty			x																							
	Mehta Tech, Inc.							x																			
	Riparian Realty *					x																					
	Foxley Cattle Co.								x																		
	Foxley Real Estate Inv.			x																							
	W.C. Foxley Trust				x																						
	IPM Technology-Merc. Air Group					x					x														x		
	Carega Foxley Leach Gallery				x																						
	Oppenheimer	x											x					x									
	Adams Express	x																									
	Wyoming Mineral Rights		x																								
	Stampings, Inc					x																					
	Lois Hill Leach Trust								x																		
	James A. Leach Trust								x																		

* merged into Adel Wholesalers

PARTS II AND III—ASSETS AND "UNEARNED" INCOME continued

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Leach

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Merrill Lynch CMA		x										x						x								
	Merrill Lynch Retirement Acct			x																							

Reporting Individual's Name

Jim Leach

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	IPM Mercury Air Group		X		5/24-7/30/90			X				
	Air Wisconsin	X			12/27/90		X					
	Mehta Tech, Inc.	X			6/30/90				X			

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name	Cong. Jim Leach

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE xx

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Aspin Institute		Jan 10-15	Roundtrip Air Travel from Wash. D.C. to Jamaica -	
			lodging, meals, self and spouse	
Twentieth Century Fund		Jan.18-21	Roundtrip Air Travel from Wash. D.C. to Ft. Myers Florida	
			lodging and meals.	
Parliamentarians Global Action		March 17	Troundtrip Air Travel from Wash. D.C. to New York; meal	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

continued.

Part VII - Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment continued

Source	Dates	Brief Description
Massachusetts Continuing Legal Education Inc.	April 16	Roundtrip Air Travel from Wash. D.C. to Boston, Mass. taxi
Princeton University - Woodrow Wilson School of Public and International Affairs	April 26-27	Amtrack-roundtrip from D.C.-Princeton, N.J. taxi, lodging, meals
Twentieth Century Fund	May 11	Roundtrip Air Travel from Wash.D.C. to New York, taxi, meal
South Carolina Bankers School	July 16-17	Roundtrip Air Travel from Wash.D.C. to Columbia, S.C. taxi,lodging,meal
Iowa Independent Bankers Lake Okoboji	July 21	Roundtrip Air Travel from Davenport, Iowa to Lake Okoboji, meal
National Alliance for our Common Future-Midwest Leadership Consultation	August 25	Roundtrip Air Travel from Davenport, Iowa to Chicago,Ill., taxi, food
Center for National Independence in Politics	September 10	Roundtrip Air Travel from Wash.D.C. to Raleigh /Durham, NC. food
The Pacific CEO Institute, Pebble Beach Conference of State Bank Supervisors,San Diego	Nov. 9-12	Roundtrip Air Travel to California shared by two organizations, rent-a-car from San Diego to San Francisco airports --lodging and meals for th days of the speeches, self and spouse
The Donahue Show, Dallas, Texas	Nov. 13-14	Travel-lodging-meals Ticket included cost of detour from California trip
Twentieth Century Fund	Nov. 15-16	Roundtrip Air Travel from Washington, D.C. to New York taxi fare, lodging, meal, self and spouse

Reporting Individual's Name
Jim Leach

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member of the Board	Woodrow Wilson School of Princeton University
Vice Chairman of the Board	Twentieth Century Fund (a non-profit education foundation)
Member of the Board	Iowa Wesleyan College

continued on next sheet

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒ xx

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ xx NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

see attached letter

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/91

GPO: 1991

Part VIII Positions continued

Position	Name of Organization
Chairman	Republican Mainstream Committee
Member of the Board	Johns Hopkins University (SAIS) Advisory Board
President	Parliamentarians for Global Action
Member of the Board	Washington International School

JIM LEACH
1st District, Iowa

Committees
Banking, Finance and Urban Affairs
Foreign Affairs

CONGRESS OF THE UNITED STATES

May 15, 1991

The Honorable Louis Stokes
Chairman
Committee on Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515-6328

Dear Mr. Chairman:

I am writing to request an extension of 30 days for the filing of a full Financial Disclosure Statement for 1990. This extension is necessary in order that documents needed for outlining two trusts relating to the deaths of my parents that are both under probate, applicable primarily to my two children, a nephew, and a niece may be obtained. Attached is a preliminary statement applicable to my wife and myself.

Thank you for your consideration of this request.

Sincerely,

Jim Leach
Member of Congress

JL:bt

Offices
1514 Longworth House Office Building
Washington, DC 20515
(202) 225-6576

209 West Fourth Street
Davenport, IA 52801
(319) 326-1841

300 F and M Bank Building
Third and Jefferson Streets
Burlington, IA 52601
(319) 752-4584

Room 204, Parkview Plaza
107 E. Second Street
Ottumwa, IA 52501
(515) 682-8549

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:25
[illegible]
HAND DELIVERED

Richard Henry Lehman
(Full Name)

1319 Longworth Building, Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: California District: 18	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑩

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Associated Credit Bureaus, Inc. (1/17/90)	Speech	$2,000.00	
	Rural Builders Council of California (1/19/90)	Speech	$1,000.00	
	Council for Rural Housing and Development (1/22/90)	Speech	$1,000.00	
	Securities Industry Association (3/15/90)	Speech	$2,000.00	
	Connell Rice and Sugar (3/23/90)	Speech	$2,000.00	
	American Financial Services Association (3/27/90)	Speech	$1,000.00	
	Manufactured Housing Institute (3/30/90)	Speech	$2,000.00	
	The Secura Group (4/20/90)	Speech	$1,000.00	
	Community Thrift and Loan (4/20/90)	Speech	$2,000.00	
	Morgan Stanley & Company, Inc. (3/26/90)	Speech	$2,000.00	

For additional earned income, use next page

Reporting Individual's Name
Richard Henry Lehman

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Public Securities Association (4/28/90)	Speech	$2,000.00	
Wine Institute (5/31/90)	Speech	$1,000.00	
California Land Title Association (6/4/90)	Speech	$1,000.00	
International Business Machines Corp. (7/25/90)	Speech	$2,000.00	
Fannie Mae (7/16/90)	Speech	$2,000.00	
American Amusement Machine Association (7/5/90)	Speech	$1,000.00	
National Association of Homebuilders (9/26/90)	Speech	$1,000.00	
Salomon Brothers, Inc. (11/13/90)	Speech	$2,000.00	
*Charitable Contributions see attached page			

*Charitable Contributions totaling $1,150.00 were made to:

San Joaquin River Parkway Trust, Fresno Metropolitan Museum, KVPT - Channel 18, Friends of the Fresno County Library, Poverello House

Reporting Individual's Name

Richard Henry Lehman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Charles Schwabb Money Market Account		X										X						X								
	T. Rowe Price California Tax Free Mutual Fund	X									X							X									
	Fidelity California Tax Free Mutual Fund	X									X							X									
	University Savings, Fresno, CA	X											X					X									
	Wright Patman Congressional Federal Credit Union	X											X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Richard Henry Lehman

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Three acres undeveloped property Northfork, CA				X																						
	Fidelity Investments (Magellan, Capital Appreciation, Puritan, Freedom, Cash Reserves)			X							X		X							X							
	Condominium, Palm Springs, CA			X								X									X						
	Promissory note from Jim Bixler and Bill Bixler, Fresno, CA		X										X						X								

Reporting Individual's Name

Richard Henry Lehman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Investment Cash Reserves	X			10-15-90	X						
	Promissory Note from Jim and Bill Bixler	X			5-17-90	X						
	Fidelity Investment CA Tax Free Bond Fund		X		12-10-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Fidelity Federal Savings and Loan	Mortgage on Palm Springs Condo.		X					

Reporting Individual's Name
Richard Henry Lehman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
Fannie Mae	Mont Blanc Pen	$150.00
Danny Thompson Memorial Leukemia Golf Tournament	Golf Accessories (gift pack)	$125.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
			*SEE ATTACHED PAGE	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

*PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Associated Credit Bureaus, Inc	Jan 16-18, 1990	One way airfare Fresno/Phoenix, food and lodging
Rural Builders Council of CA	Jan 18-20, 1990	Ground transportation Phoenix/Tucson, food and lodging
Council for Rural Housing and Development	Jan 20-22, 1990	One way airfare Tucson/Washington, food and lodging
Connell Rice and Sugar	Mar 22-23, 1990	One way train ticket Washington/New York, food and lodging
Securities Industry Association	Mar 23-26, 1990	One way train ticket New York/Washington, food and lodging
Manufactured Housing Institute	Mar 30-31, 1990	Airfare Washington/Palm Springs/Fresno, food and lodging
Community Thrift and Loan	April 19-20, 1990	Airfare Washington/Los Angeles/Washington, food and lodging
Public Securities Association	April 26-28, 1990	Roundtrip airfare Washington/Roanoke/Washington, food and lodging
California Land Title Association	May 17-18, 1990	Airfare Washington/Monterey/San Diego, food and lodging
International Business Machines Corp.	May 18-19, 1990	Ground transportation San Diego/Santa Ana, airfare Santa Ana/Fresno/Washington, food and lodging
Fannie Mae	June 14-15, 1990	Airfare Washington/San Francisco/Fresno/Washington food and lodging
National Association of Homebuilders	Sept 16, 1990	Roundtrip airfare Fresno/San Diego/Fresno
Salomon Brothers, Inc.	Nov 1-2, 1990	Food, lodging and gasoline in Carmel, CA
German Marshall Fund of the U.S.	May 26 - June 6, 1990	U.S. Congressional Study Group on Germany Conference Bonn/Berlin/Prague/Budapest - Airfare Washington/Bonn/Berlin/Prague/Budapest/Bonn/Washington and lodging and meals (waiver granted)

Richard Henry Lehman

*PART VII (Page 2) - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Friedrich Ebert Foundation	May 30-31, 1990	U.S. Congressional Study Group on Germany Conference - food and lodging in Berlin

Reporting Individual's Name
Richard Henry Lehman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member of the National Advisory Panel	Community Reinvestment Institute, San Francisco, CA

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard H. Lehman	5-15-91

GPO 1991 37-[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 4:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

1991 JUN -5 AM 11:04

HAND DELIVERED
MC (10)
(Office Use Only)

Richard Henry Lehman
(Full Name)

1319 Longworth Building, Washington, DC 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: California District: 18 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Associated Credit Bureaus, Inc. (1/17/90)	Speech	$2,000.00	
	Rural Builders Council of California (1/19/90)	Speech	$1,000.00	
	Council for Rural Housing and Development (1/22/90)	Speech	$1,000.00	
	Securities Industry Association (3/15/90)	Speech	$2,000.00	
	Connell Rice and Sugar (3/23/90)	Speech	$2,000.00	
	American Financial Services Association (3/27/90)	Speech	$1,000.00	
	Manufactured Housing Institute (3/30/90)	Speech	$2,000.00	
	The Secura Group (4/20/90)	Speech	$1,000.00	
	Community Thrift and Loan (4/20/90)	Speech	$2,000.00	
	Morgan Stanley & Company, Inc. (3/26/90)	Speech	$2,000.00	

For additional earned income, use next page

Reporting Individual's Name
Richard Henry Lehman

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Public Securities Association (4/28/90)	Speech	$2,000.00	*
Wine Institute (5/31/90)	Speech	$1,000.00	
California Land Title Association (6/4/90)	Speech	$1,000.00	
International Business Machines Corp. (7/25/90)	Speech	$2,000.00	
Fannie Mae (7/16/90)	Speech	$2,000.00	
American Amusement Machine Association (7/5/90)	Speech	$1,000.00	
National Association of Homebuilders (9/26/90)	Speech	$1,000.00	
Salomon Brothers, Inc. (11/13/90)	Speech	$2,000.00	
*Charitable Contributions see attached page			

*Charitable Contributions totaling $1,150.00 were made to:

San Joaquin River Parkway Trust, Fresno Metropolitan Museum, KVPT - Channel 18, Friends of the Fresno County Library, Poverello House

Charity

Reporting Individual's Name
Richard Henry Lehman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	Charles Schwabb Money Market Account		X										X						X								
	T. Rowe Price California Tax Free Mutual Fund	X									X							X									
	Fidelity California Tax Free Mutual Fund	X									X							X									
	University Savings, Fresno, CA	X											X					X									
	Wright Patman Congressional Federal Credit Union	X											X					X									
		—																									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Richard Henry Lehman

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Three acres undeveloped property Northfork, CA				X																						
	Fidelity Investments (Magellan, Capital Appreciation, Puritan, Freedom, Cash Reserves)			X							X		X							X							
	Condominium, Palm Springs, CA			X								X									X						
	Promissory note from Jim Bixler and Bill Bixler, Fresno, CA		X										X						X								

Reporting Individual's Name
Richard Henry Lehman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Investment Cash Reserves	X			10-15-90	X						
	Promissory Note from Jim and Bill Bixler	X			5-17-90	X						
	Fidelity Investment CA Tax Free Bond Fund		X		12-10-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Fidelity Federal Savings and Loan	Mortgage on Palm Springs Condo.		X					

Reporting Individual's Name
Richard Henry Lehman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Fannie Mae	Mont Blanc Pen	$150.00
Danny Thompson Memorial Leukemia Golf Tournament	Golf Accessories (gift pack)	$125.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
			*SEE ATTACHED PAGE	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Richard Henry Lehman

*PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Associated Credit Bureaus, Inc	Jan 16-18, 1990	One way airfare Fresno/Phoenix, food and lodging
Rural Builders Council of CA	Jan 18-20, 1990	Ground transportation Phoenix/Tucson, food and lodging
Council for Rural Housing and Development	Jan 20-22, 1990	One way airfare Tucson/Washington, food and lodging
Connell Rice and Sugar	Mar 22-23, 1990	One way train ticket Washington/New York, food and lodging
Securities Industry Association	Mar 23-26, 1990	One way train ticket New York/Washington, food and lodging
Manufactured Housing Institute	Mar 30-31, 1990	Airfare Washington/Palm Springs/Fresno, food and lodging
Community Thrift and Loan	April 19-20, 1990	Airfare Washington/Los Angeles/Washington, food and lodging
Public Securities Association	April 26-28, 1990	Roundtrip airfare Washington/Roanoke/Washington, food and lodging
California Land Title Association	May 17-18, 1990	Airfare Washington/Monterey/San Diego, food and lodging
International Business Machines Corp.	May 18-19, 1990	Ground transportation San Diego/Santa Ana, airfare Santa Ana/Fresno/Washington, food and lodging
Fannie Mae	June 14-15, 1990	Airfare Washington/San Francisco/Fresno/Washington food and lodging
National Association of Homebuilders	Sept 16, 1990	Roundtrip airfare Fresno/San Diego/Fresno
Salomon Brothers, Inc.	Nov 1-2, 1990	Food, lodging and gasoline in Carmel, CA
German Marshall Fund of the U.S.	May 26 - June 6, 1990	U.S. Congressional Study Group on Germany Conference Bonn/Berlin/Prague/Budapest - Airfare Washington/Bonn/Berlin/Prague/Budapest/Bonn/Washington and lodging and meals (waiver granted)

Richard Henry Lehman

*PART VII (Page 2) - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Friedrich Ebert Foundation	May 30-31, 1990	U.S. Congressional Study Group on Germany Conference - food and lodging in Berlin

Reporting Individual's Name
Richard Henry Lehman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member of the National Advisory Panel	Community Reinvestment Institute, San Francisco, CA

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard H. Lehman	5-15-91

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 14 PM 4:19
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

WILLIAM MARX LEHMAN
(Full Name)

2347 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: FLORIDA District: 17	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	AMERICAN PUBLIC TRANSIT ASSOCIATION (March 16, 1990) Washington, D. C.	Speech	$ 2,000.00	X
	JOAN LEHMAN SCULPTURE STUDIO (Spouse's business) Miami, Florida	Sculpture Sold	$ 8,083.66	

For additional earned income, use next page

Reporting Individual's Name
WILLIAM MARX LEHMAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X							X								X								X
			George Wash. Credit Union Accounts			X								X								X						
			182 Main Street, Dover, Delaware				X						X								X							
	WRIGHT PATMAN CONGRESSIONAL CREDIT UNION (Money Market)/Wash., D.C.					X								X								X						
	SMITH BARNEY SECURITIES & EXCHANGE Miami, Florida						X							X									X					X
	WILLIAM LEHMAN BUICK, INC. (Note Receivable) Miami, Florida							X						X										X				
	417 NEW JERSEY AVE., S.E., WASH., D.C. (Real Estate - 1/3 interest)							X					X										X					
	WILLIAM LEHMAN, JR., (Note Receivable) Miami, Florida							X						X										X				
	MASSACHUSETTS MUTUAL LIFE INSURANCE CO (Redeemable policies) Miami, Fla.						X								X									X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM MARX LEHMAN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
S, DC, JT		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
	MASSACHUSETTS MUTUAL LIFE INSURANCE Miami, Florida				X						X									X							
	DOUGLAS & CHAMBERLAIN, LTD. (Real Estate) Commonwealth of the Bahamas (1/16 interest shareholder)		X														None	X									
JT	SOCIAL SECURITY BENEFITS (including spouse)	X															None						X				

Reporting Individual's Name

WILLIAM MARX LEHMAN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	AUSTIN, TEXAS, ELECTRIC POWER & LIGHT (BOND)		X		10/1/90		X					
	PUTNAM COUNTY, FLORIDA, CAPITOL IMPROVEMENT REVENUE REFUNDING (BOND)	X			10/29/90		X					

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	CITIZENS BANK OF WASHINGTON, D. C.	Mortgage on 417 New Jersey Ave., SE Washington, D. C.			X				
	MAURICE ROSENBLATT - Washington, D. C.	Trust Note on 417 New Jersey Ave., S.E., Wash., D. C. 20003		X					

Reporting Individual's Name
WILLIAM MARX LEHMAN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18

NONE ☐

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
	MR. JAY WEISS	Case of Table Wine	$150.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
WILLIAM MARX LEHMAN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
William Lehman

DATE (Month, Day, Year)
MAY 13, 1991

GPO: 1991 37-086

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 14 [illegible] 12:05
CLERK
U.S. HOUSE OF REPRESENTATIVES

NORMAN FREDERICK LENT
(Full Name)

POST OFFICE BOX N
EAST ROCKAWAY, NEW YORK 11518
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: New York District: 4th ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

HAND DELIVERED

MC (Office Use Only) 13

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calender year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
1)	Honoraria from speeches - see annexed continuation sheets entitled "Earned Income From Honoraria - 1990"	All speeches	$62,000 total	X (as to $35,150)
	Less gifts paid to charity**		-35,150	
	Net Honoraria		$26,850	
	**Note: A confidential list of charities receiving a total of $35,150 during 1990 is filed with the Committee on Standards of Official Conduct.			
2)	NYSERS (note: pension income is not subject to outside earned income limit - see instructions, pp 10-11)	Pension	34,139	
3)	NYNEX	Spouse's salary	Not applicable	

For additional earned income, use next page

Page 1 of 12

Financial Disclosure A-1

2265

Reporting Individual's Name
Norman Frederick Lent

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
1			Congressional Federal Credit Union		X										X						X								
2			Lent & Troescher, Realty Partnership					X						X							X								
			(Partnership interest in rental property situate at Lynbrook, NY)																										
3			Patloy Assoc., Realty Partnership			X			-					X								X							
			(Partnership interest in rental property situate at Oceanside, NY)																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Norman Frederick Lent

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
4	Atlantech Assoc, Limited Partnership (investing in rental property situate at Atlanta, GA)			X								X						X									
5	Shearson Lehman Bros., Inc. - cash reserve account		X								X							X									
6	Fidelity Fund - mutual fund				X						X										X						
7	Hill, Lent & Troescher - law capital acccount (law partnership terminated 12/31/88) - no income		X															X									
8	Burr. Welcome - common stock			X							X								X								X - sold 12/10/90
9	Whitman Corp. - common stock			X							X							X									X - sold 2/26/90
10	Homesite Lot at North Haven, Sag Harbor, NY - held for investment no income					X																					
11	Homesite Lot at Punta Gorda Isles, Florida - held for investment no income				X																						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Norman Frederick Lent

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Member's Retirement Programs (not previously required to be reported, see instructions p 13)																										
12	Dreyfus Fund - profit sharing plan		X								X								X								
13	Fidelity Investments - Keogh Plan				X						X										X						
14	Fidelity Investments - IRA Plan			X							X									X							
15	Scudder, Stevens & Clark - Keogh Plan					X					X											X					
16	Hixon Pooled Income Fund		X								X								X								
	Spouse's Holdings																										
S	Wright Patman Fed'l Credit Union				X								X								X						
S	Fidelity Funds - mutual funds		X								X							X									X - partial sale 9/19/90
S	Vanguard Fund - mutual fund		X								X								X								
S	U.S. Savings Bonds		X										X					X									X - partial sale 3/14/90
S	NYNEX Savings Plan - 401 K Plan					X					X											X					
S	Wright Patman Fed'l Cr Union - IRA			X									X							X							

Reporting Individual's Name: Norman Frederick Lent

PART IV–TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Whitman Corp. - common stock		X		2-26-90	X						
	Burr-Welcome - common stock		X		12-10-90		X					
S	Fidelity Funds - partial redemption		X		9-19-90	X						
S	U.S. Savings Bonds - partial redemption of savings bonds		X		3-14-90	X						

PART V–LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Apple Bank for Savings (formerly Sag Harbor Savings Bank)	Mortgage on homesite lot at North Haven, Sag Harbor, NY			X				

Reporting Individual's Name
Norman Frederick Lent

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See attached continuation sheet entitled Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment				

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Norman Frederick Lent

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Partner	Lent & Troescher - realty partnership
Partner	Patloy Associates - realty partnership

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
12-31-88	Norman F. Lent and Robert H. Troescher	Dissolution of law partnership

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Norman F. Lent	DATE (Month, Day, Year) May 15, 1991

PART 1 - EARNED INCOME, INCLUDING HONORARIA

EARNED INCOME FROM HONORARIA - 1990

Source (include date of receipt)	Type	Amount
(1) Home Shopping Network Tampa, FL (1/8/90)	Honoraria	$2,000
(2) Celotex Corp. Tampa, FL (2/2/90)	Honoraria	2,000
(3) Walter Industries Tampa, FL (2/2/90)	Honoraria	1,000
(4) Executive Enterprises Washington, D.C. (2/28/90)	Honoraria	1,000
(5) The Secura Group Washington, D.C. (1/29/90)	Honoraria	1,000
(6) American Optometric Washington, D.C. (1/29/90)	Honoraria	2,000
(7) Shearson Lehman Hutton New York, NY (1/29/90)	Honoraria	2,000
(8) American Truckers Assn. Washington, D.C. (1/29/90)	Honoraria	1,000
(9) Tenneco Williamsburg, VA (2/2/90)	Honoraria	2,000
(10) Casualty & Property - 12 (Aetna) Washington, D.C. (2/2/90)	Honoraria	500
(11) Ashland Oil Washington, D.C. (2/2/90)	Honoraria	2,000
(12) American Petroleum Institute Williamsburg, VA (2/5/90)	Honoraria	2,000
(13) Morgan Stanley New York, NY (2/5/90)	Honoraria	2,000
(14) Capital Legislative Services Washington, D.C. (2/5/90)	Honoraria	2,000
(15) Chemical Manufacturers Washington, D.C. (2/6/90)	Honoraria	1,000
(16) Nuclear Power Assembly Washington, D.C. (2/8/90)	Honoraria	1,000
(17) T Square Medical Phoenix, AZ (3/3/90)	Honoraria	2,000

PART 1 - EARNED INCOME, INCLUDING HONORARIA, continued

EARNED INCOME FROM HONORARIA - 1990

Source (include date of receipt)	Type	Amount
(18) Securities Industry Assn. Washington, D.C. (2/28/90)	Honoraria	$2,000
(19) Electronic Industries Assn. Washington, D.C. (2/28/90)	Honoraria	500
(20) Metropolitan Insurance Naples, Florida (2/28/90)	Honoraria	2,000
(21) Nat. Assn of Broadcasters Washington, D.C. (2/28/90)	Honoraria	1,500
(22) Executive Enterprise Boston, MA (2/28/90)	Honoraria	1,000
(23) INTV Washington, D.C. (2/28/90)	Honoraria	1,000
(24) Shearson Lehman Hutton New York, NY (4/6/90)	Honoraria	2,000
(25) Chicago Board of Trade Boca Raton, FL (4/20/90)	Honoraria	1,000
(26) Securities Industry Assn. Washington, D.C. (4/20/90)	Honoraria	2,000
(27) Mutual of Omaha Omaha, NE (3/23/90)	Honoraria	2,000
(28) American Medical Assn. Colorado Springs, CO (3/28/90)	Honoraria	1,000
(29) Air & Waste Management Assn. Washington, D.C (4/20/90)	Honoraria	1,000
(30) Interstate Natural Gas Assn. Naples, FL (4/6/90)	Honoraria	2,000
(31) Mitsubishi Washington, D.C. (4/20/90)	Honoraria	2,000
(32) American National Standards Washington, D.C. (5/24/90)	Honoraria	1,000
(33) Fay Improvement Co. Washington, D.C. (6/28/90)	Honoraria	1,000
(34) University of Houston Houston, TX (7/11/90)	Honoraria	2,000

PART 1 - EARNED INCOME, INCLUDING HONORARIA, continued

EARNED INCOME FROM HONORARIA - 1990

Source (include date of receipt)		Type	Amount
(35)	CBS Records New York, NY (9/10/90)	Honoraria	$1,000
(36)	Cosmetic Toiletry & Fragrance Assn. New York, NY (9/20/90)	Honoraria	2,000
(37)	RJR Nabisco Washington, D.C. (10/12/90)	Honoraria	2,000
(38)	Arent, Fox, Kintner, Plotkin & Kahn Washington, D.C. (10/12/90)	Honoraria	2,000
(39)	Enron Corp. Houston, TX (11/26/90)	Honoraria	1,500
(40)	Forum 101 (Capital Legislative Services, Inc.) Washington, D.C. (12/18/90)	Honoraria	2,000

Total Honoraria	$62,000
Less amount paid to charity	- 35,150
Net Honoraria	$26,850

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

	Source	Date(s)	Description
(1)	Home Shopping Network	Jan 1-2, 90	Roundtrip air from Wash, D.C. to Tampa, Florida; 2 days food & lodging for self
(2)	Edison Electric	Jan 3-6, 90	Roundtrip air from Wash, D.C. to Naples, FL for spouse; 3 days food & lodging for spouse & self
(3)	T Square Medical	Feb 23-25, 90	Roundtrip air from Wash, D.C. to Phoenix, AZ for self; 2 days food & lodging for self
(4)	Shearson Lehman Hutton	Mar 5-6, 90	Roundtrip air from Wash, D.C. to New York, NY for self; 1 days food & lodging for self
(5)	Chicago Board of Trade	Mar 9-11, 90	Roundtrip air from Wash, D.C. to Boca Raton, FL for self & spouse; 2 days food & lodging for self & spouse
(6)	Interstate Natural Gas Assn.	Apr 6-8, 90	Roundtrip air from Wash, D.C. to Ft. Myers, FL for self & spouse; 2 days food & lodging for self & spouse
(7)	Electronic Industries	Apr 8-11, 90	Three days food & lodging for self & spouse in Captiva, FL
(8)	University of Houston	Jul 7-8, 90	Roundtrip air from New York, NY, to Houston, TX for self; 1 days food & lodging for self
(9)	New York State Broadcasters	Jul 17, 90	Roundtrip air from Wash, D.C. to Albany, NY for self; lunch for self
(10)	CBS Records	Sep 7, 90	Roundtrip air from Wash, D.C. to New York, NY for self

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT, continued

	Source	Date(s)	Description
(11)	Cosmetic Toiletry & Fragrance Assn	Sep 13-14, 90	Roundtrip air from Wash, D.C. to New York, NY for self; 1 days food & lodging
(12)	Enron Corp.	Nov 17-20, 90	Roundtrip air from Wash, D.C. to Houston, TX for self; lunch for self (3 days food & lodging at own expense)
(13)	Puerto Rico Economic Development Adm.	Nov 25-Dec 1, 1990	Roundtrip air from Wash, D.C. to Puerto Rico for self & spouse; 6 days food & lodging for self and spouse

ONE HUNDRED SECOND CONGRESS
LOUIS STOKES, OHIO, CHAIRMAN
MATTHEW McHUGH, NEW YORK
GARY ACKERMAN, NEW YORK
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
JIM McDERMOTT, WASHINGTON
OFFICE OF ADVICE AND EDUCATION
(202) 225-3787

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
SUITE HT-2, U.S. CAPITOL
WASHINGTON, DC 20515
(202) 225-7103

JAMES V. HANSEN, UTAH
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DAVID L. HOBSON, OHIO

BERNARD RAIMO, JR., CHIEF COUNSEL

May 3, 1991

The Honorable Norman F. Lent
U.S. House of Representatives
2408 Rayburn House Office Building
Washington, D.C. 20515

Dear Colleague:

This will acknowledge receipt of the list of charities which received payments because of speeches you made in 1990. This information will be retained in Committee files and will remain confidential.

For your reference, in the future you may submit your list of charities in a sealed envelope. As intended by the House Bipartisan Task Force on Ethics, these sealed filings will not be opened by the Committee unless required in connection with a Committee investigation.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at (202) 225-3787.

Sincerely,

Louis Stokes
Chairman

James V. Hansen
Ranking Minority Member

JS:MJD

Page 12A of 12

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**		**FORM A** For use by Members, officers, and employees	
Sander Martin Levin (Full Name)			
323 Cannon HOB Washington DC 20515 (Mailing Address)			
Filer Status	☒ Member of the U.S. House of Representatives State: MI District: 17	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

91 MAY 15 PM 4:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DE

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Victoria Levin (spouse) National Institute of Mental Health	spouse salary	$49,906.92	

For additional earned income, use next page

Reporting Individual's Name
Levin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
Jt	Half interest in 78 acres, and one-sixth interest in 18 acres (received from estate of Bess Levin, mother) Tyrone Township, MI				X													X									
Jt	One-quarter interest in unimproved land, 3 acres, West Tisbury, MA					X												X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Levin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	One-ninth undivided interest in commercial real estate, W. Maple, Birmingham, MI (received from estate of Bess Levin, mother)					X						X	X									X					
	5.3% interest in LNS Company, a general partnership owning mineral rights and accounts receivable in MI (received from estate of Bess Levin, mother)		X														royalty			X							
	5.3% interest in LRS Company, a general partnership owning real estate in Romulus and Pontiac Township, MI and accounts receivable (received from estate of Bess Levin, mother)		X															X									
	4.2% interest in Pleasantdale, a general partnership, owning real estate in Pontiac Township, MI (received from estate of Bess Levin)		X											X					X								
	Balance due from Joseph Levin (principal of $14,189) pursuant to letter agreement dated January 14, 1985																	X									

PART IV—TRANSACTIONS

Reporting Individual's Name
Levin

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock											
		X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 192 Main St. Dover, Del.							
Jt	Stanton Miner, Fenton, MI	Land contracts, 78 and 18 acres				X			
		Tyrone Township, MI	X						
	Mrs. Sadie Cohn, West Bloomfield Township, MI	Loan	X						

Reporting Individual's Name
Levin

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-9, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Miami Chamber of Commerce, Miami FL & Institutional Investor, New York		Jan. 12-14, 1990	Round trip air fare Washington DC to Florida, 3 days food and lodging, self and spouse (conference on trade/tax issues)	
Human Rights Watch, New York		Feb. 16-20, 1990	Round trip air fare Washington DC to Nicaragua, 4 days food and lodging, self - pre-election observer visit	
Fairleigh Dickinson University Teaneck, NJ		April 6-9 1990	Round trip air fare Washington DC to London, 3 days food and lodging, self and spouse - conference on Eastern Europe	
Greater New York Hospital Assn.		May 27 1990	Round trip air fare Detroit to New York, self - observe inner city hospital emergency rooms	
U.S.-Japan Economic Agenda New York		May 4 1990	One-night lodging and food, self - meeting with Japanese Diet Members in Airlie, VA in re US-Japan relations	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Continued on next page

Reporting Individual's Name
Levin

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

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NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Pitcher	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CONTINUATION FROM PREVIOUS PAGE			
Hager-Sharp Project Management Washington DC	March 24 1990	Food and lodging, self and spouse - seminar on political reform in Charlottesville, VA	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Levin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	Save Orchestra Hall, Detroit, MI

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Sander M. Levin	May 15, 1991

GPO 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 [illegible] 12:50
U.S. [illegible]
HAND DELIVERED

Honorable Meldon Edises Levine
(Full Name)

2443 Rayburn HOB
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: California District: 27	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 12

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	People for the American Way	Spouse salary	NA	
	Los Angeles Times (1-29-90)	Op-Ed fee	$250	
	Honan Friendly Association (5-20-90)	Honorarium	$500	
	Los Angeles Times (7-16-90)	Op-Ed fee	$250	
	Los Angeles Times (9-18-90)	Op-Ed fee	$250	
	Valley Beth Shalom (11-26-90)	Honorarium	$200	
	Foreign Policy Research Institute (12-18-90)	Honorarium	$2000	

For additional earned income, use next page

Reporting Individual's Name
Honorable Meldon E. Levine

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples: ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	FDA Paramount Fund		X								X			X					X								
	City National Bank Stock					X																X					
	American Electric Power Stock		X								X								X								
S	Selected American Mutual Fund		X								X			X					X								
	American Tel & Tel Stock		X								X								X								
	Ameritech Stock		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Honorable Meldon E. Levine

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Bell Atlantic Stock		X								X								X								
	Bell South Stock		X								X								X								
	Nynex Stock		X								X								X								
	Pacific Telesis Stock		X								X							X									
	Southwestern Bell Stock		X								X							X									
S	Zweig Fund Inc. Stock		X								X			X					X								
S	Eastman Kodak Stock		X								X								X								
S	Ford Motor Co. Stock		X								X								X								
S	First Union Re Equity Stock		X								X								X								
	Palmdale Calif. Bonds		X										X						X								
	Carson Redevelopment Bonds		X										X						X								X
	Newark Calif. School Bonds			X									X							X							
	Calif. State Vets Bonds				X								X								X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Honorable Meldon E. Levine

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Rialto Calif. Community Bonds			X									X							X							
	Clovis Unified S.D. Bonds			X									X							X							
	Santa Margarita Bonds			X									X							X							
	San Jose Calif. Bonds		X										X						X								
	Anderson Calif. Bonds			X									X							X							
	Calif. Rev Anticipation Bond					X							X									X					X
	Corona Norco Unified S.D. Bonds			X									X								X						X
	Calif. Water Resource Bonds			X									X							X							X
	Coast S&L Bank Acct.		X										X						X								
	City National Bank Acct.				X								X							X							
	Signet Bank Acct.			X									X						X								
	Merrill Lynch Tax Exempt Fund												X						X								
	Equitable Assurance Soc. Inc. Policy		X															X									
	State of Israel Bonds		X															X									
	Bank of Los Angeles		X															X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Honorable Meldon E. Levine

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S. DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	ML Lee Acquisition Fund II		x										x						x								
	Palm Springs Angels		x															x									
	United Siblings										x	x	x								x						
	Interest in: 7400 Hollywood Blvd., Apt. LA		x																								
	2730 Wilshire Blvd, Apt, Santa Monica		x																								
	1732 Harvard St, Santa Monica		x																								
	Nuveen			x																							
	Leonard Realty Denver Property		x																								
	Telephone Co. spinoff stock			x																							
	Levine #1-6 Partnership										x	x	x										x				
	Interest in: Cash(City Nat'l BankAcct)		x																								
	156-62 South Mission St, LA		x																								
	141-49 South Anderson St, LA		x																								
	136-40 South Mission St, LA.		x																								
	C&S-Souvran Stock		x																								
	Emma Levine Partnership											x	x									x					
	Interests in land at: Soto & 54th, LA		x																								
	5401 South Boyle, LA		x																								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Honorable Meldon E. Levine

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Cousins Four Partnership											X	X					X									
	Interest in apt at: 2615 La Canada, Glendale, CA		X																								
	Interest in apt at: 2100 Beachwood Dr., LA				X																						
	Canyon Terrace Partnership											X	X					X									X
	Interest in apt at: 2400 San Dimas Canyon Rd, LaVerne, CA				X																						
	Candlewood Park Partnership											X	X									X					X
	Interest in apt at: 4051 East Candlewood St, Lakewood, CA					X																					
	Strata Exploration	X																									
	Sid B.Levine Trust u/w Emma Levine (no discretionary interest)										X	X	X										X				
S	Genentech Inc.		X											X				X									X
S	Miniscribe	X												X				X									X
S	Rayonier Timberland		X											X				X									X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Honorable Meldon E. Levine

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $4,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)*	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Nuveen Tax Free Fund						X						X									X					X
	Rollover of $300,000 investment in:						X						X									X					X
	Student Loan Disc. Notes																										
	City Nat'l Bank-Cert. of Deposit																										
	Fed.Farm Credit Bank Disc. Notes																										

Reporting Individual's Name

Honorable Meldon E. Levine

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Carson Redevelopment Bonds - Matured		x		8-1-90	x						
	Calif. Rev Anticipation Bonds - Matured		x		6-29-90				x			
	Corona Norco Unified S.D. Bonds	x			7-9-90		x					
	Calif. Anticipation Notes	x			9-7-90				x			
	Calif. Water Resource Bonds	x			5-4-90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a **mortgage** on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Honorable Meldon E. Levine

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Canyon Terrace Partnership		x		5-16-90			x				
	Candlewood Partnership		x		5-16-90				x			
S	Genentech Inc.		x		6-5-90	x						
S	Miniscribe - worthless		x		1-1-90							
S	Rayonier Timberland		x		4-3-90	x						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			

Reporting Individual's Name

Honorable Meldon E. Levine

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Rollovers of Nuveen Tax Free Funds		X		11 times during 1990				X			
	Rollover of $300,000 cash through purchases of:	X	X		14 times during 1990					X		
	Student Loan Discount Note City Nat'l Bank-Cert. of Deposit											
	Fed. Farm Credit Bank											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	None								

Reporting Individual's Name
Honorable Meldon E. Levine

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Recording Industry Association	7-6-90	Six tickets @ $30	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name Honorable Meldon E. Levine

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Treasurer and Director	Hyman Levine Foundation (non profit charitable foundation)
National Chair	Rebuild America (non profit educational foundation)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
None		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5/15/91

GPO: 1991 37-599

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 4:03
U.S. HOUSE OF REPRESENTATIVES

JERRY LEWIS
(Full Name)

2312 Rayburn House Office Bldg., Washington, D. C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: CA. District: 35	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

HAND DELIVERED
MC (Office Use Only) 23

In all sections, please type or print clearly in black ink.

Note:A copy of Financial Disclosure Statement for 1990 of spouse is attached hereto.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Food Marketing Institute 1/23/90	Honoraria	$ 2,000	
	Connell Rice & Sugar 3/5/90	Honoraria	2,000	
	National Association of Life Underwriters 3/23/90	Honoraria	2,000	
	Interstate Natural Gas 4/14/90	Honoraria	2,000	
	American Medical Association 4/19/90	Honoraria	1,000	
	Northern States Power 4/24/90	Honoraria	2,000	
	Ocean Spray 4/25/90	Honoraria	2,000	
	Wine Institute 6/1/90	Honoraria	1,000	
	Rockwell International 6/2/90	Honoraria	2,000	
	National Cable TV 6/15/90	Honoraria	1,500	

For additional earned income, use next page

Reporting Individual's Name
JERRY LEWIS

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)		Type	Amount	Mark (X) if directed or paid to charity
Tobacco Institute	6/25/90	Honoraria	2,000	
Pacific Mutual	6/26/90	Honoraria	1,000	
American Trucking Ass'n.	6/29/90	Honoraria	2,000	
Massachusetts Mutual	7/9/90	Honoraria	2,000	
Nutri Systems	9/13/90	Honoraria	2,000	
Kemper Financial Services	11/19/90	Honoraria	2,000	X (1700)
Chicago Mercantile Exchange	11/19/90	Honoraria	1,000	X
Board of Trade, City of Chicago	11/19/90	Honoraria	750	X
U.S. Telephone Association	12/12/90	Honoraria	2,000	X
Ca. Cable Television Ass'n.	12/20/90	Honoraria	1,500	X
Southern Ca. Edison	12/27/90	Honoraria	1,000	X
Pratt Whitney	12/28/90	Honoraria	1,000	X
Brown & Williamson	5/30/90	Honoraria	2,000	X
Penn Mutual Life Insurance Co. (Note: No new business earned during 1990--Income reflects service of business established preceding calendar year 1979)		Commissions	519	

Reporting Individual's Name
JERRY LEWIS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	631 Constitution Ave. N.E. Washington, D.C.20002							X				X											X				
	Fidelity Cash Reserves (IRA)			X									X							X							
	T. Rowe Price Prime Reserve Fund				X						X									X							
	Mill & D Sts.-property acquired in 1964--sold on terms--1989				X									X			Sale of prop.onterms					X					
	Lewis Family Trust--1/4th interest--copy attached					X											Trust Distribution						X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

JERRY LEWIS

S, DC, JT	BLOCK A Asset and/or Income Source — Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	The Magnetic Partnership Two 7.3421% interest-agmt.5/15/89			X														X									
	Penn Mutual Life Insurance Co. business -- commissions			X													Commissions		X								
	Odwalla, Inc., common stock Davenport, Ca. 95017			X														X									X
	Home Federal Savings Bank Washington, D. C. 20015		X										X						X								
	2727 Riley Oaks Dr.,Las Vegas,NV. (step-daughter home purchase)				X													X									X

Reporting Individual's Name
JERRY LEWIS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Odwalla, Inc., common stock Drawer O, Davenport, Ca. 95017	X			9/4/90		X					
	T. Rowe Price Prime Reserve Fund-See year-end stmt. attached.	X			6/18/90		X					
	T. Rowe Price Prime Reserve Fund		X		9/4/90			X				
	American Mortgage Co., Springfield, Illinois (step-daughter home purchase)	X				X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Perpetual Savings Bank - Washington,D.C.	Mortgage on 631 Constitution Washington, D. C. 20002					X		
	American Mortgage Co., Springfield, Ill. (step-daughter's home)	Mortgage on 2729 Riley Oaks Dr Las Vegas, NV.			X				

Reporting Individual's Name
JERRY LEWIS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calender year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute		Feb.22-24	Roundtrip train from Wash.D.C. to Princeton, N.J. Republican Conference, 3 days food and lodging	
Food Marketing Institute (speech)		Jan.5-10	RT air travel from Los Angeles to Honolulu,self & spouse (2 days at own expense)food & lodging	
Connell Rice & Sugar Co.,Inc. (Participant in Seminar)		Mar.2-4	RT air travel from Wash.D.C.to Newark, N.J.self & spouse food & lodging	
American Medical Association (Panel participant)		Mar.16-18	RT air travel from Wash.D.C. to Ft.Myers,Fla.self & spouse, food & lodging	
Interstate Natural Gas Ass'n, (speech)		Apr.6-8	RT air travel-Wash.D.C.to Ft.Myers,Fla.,self & spouse food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PRIME RESERVE FUND

JERRY LEWIS
2312 RAYBURN HSE OFFICE BLDG
WASHINGTON DC 20515-0003

T.Rowe Price
Invest With Confidence

SOC. SEC. NO. OR TIN 573-38-0740

ACCOUNT NO. 1669048-8

1990 YEAR-END STATEMENT

CONFIRM DATE	TRADE DATE	TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
		BEGINNING BALANCE				30,810.680
1/31	1/31	DIVIDEND REINVEST	198.20	1.000	198.200	31,008.880
2/28	2/28	DIVIDEND REINVEST	182.36	1.000	182.360	31,191.240
3/30	3/30	DIVIDEND REINVEST	204.48	1.000	204.480	31,395.720
4/30	4/30	DIVIDEND REINVEST	189.92	1.000	189.920	31,585.640
5/31	5/31	DIVIDEND REINVEST	205.41	1.000	205.410	31,791.050
6/18	6/18	PURCHASE	20,000.00	1.000	20,000.000	51,791.050
6/29	6/29	DIVIDEND REINVEST	258.06	1.000	258.060	52,049.110
7/31	7/31	DIVIDEND REINVEST	321.90	1.000	321.900	52,371.010
8/31	8/31	DIVIDEND REINVEST	358.06	1.000	358.060	52,729.070
9/04	9/04	REDEMPTION BY CHECK 51	50,000.00	1.000	50,000.000	2,729.070
9/28	9/28	DIVIDEND REINVEST	24.56	1.000	24.560	2,753.630
10/31	10/31	DIVIDEND REINVEST	17.04	1.000	17.040	2,770.670
11/30	11/30	DIVIDEND REINVEST	17.53	1.000	17.530	2,788.200
12/31	12/31	DIVIDEND REINVEST	16.59	1.000	16.590	2,804.790

THE NEW T. ROWE PRICE GLOBAL GOVERNMENT BOND FUND PROVIDES CAUTIOUS
INVESTORS WITH A LOWER RISK WAY TO DIVERSIFY GLOBALLY. SEE THE ENCLOSED.
LATEST 30-DAY DIVIDEND. ON 12/28/90, THE ANNUALIZED 30-DAY DIVIDEND YIELD WAS 7.24%.

If you have any questions, call 1-800-225-5132, in Baltimore 625-6500 Or write: T Rowe Price Funds 100 E. Pratt St., Baltimore, MD 21202	YOUR DISTRIBUTION OPTION IS		SHARES HELD BY YOU	SHARES HELD BY AGENT
	INCOME DIVIDENDS	CAPITAL GAINS		
	REINVEST	REINVEST		2,804.790

TOTAL INCOME DIVIDENDS, CAPITAL GAIN AND OTHER DISTRIBUTIONS	INCOME DIVIDENDS	CAPITAL GAIN	OTHER	
1,994.11	1,994.11			YEAR TO DATE INVESTMENTS 20,000.00 12/31/90 MKT.VALUE @ $1.00 = $2,804.79

The Fund's principal underwriter is T. Rowe Price Investment Services, Inc., which acts as Agent. The time of the transaction(s) above will be furnished to you on written request.

PRIME RESERVE FUND

JERRY LEWIS
2312 RAYBURN HSE OFFICE BLDG
WASHINGTON DC 20515-0003

SOC. SEC. NO. OR TIN 573-38-0740
ACCOUNT NO. 1669048-8

Use this stub to add to your account today.
Please make your check(s) payable to the Fund, write your account number on the check(s), and mail to:

☐ Check this box and complete reverse side if corrections are necessary for:
name;
address;
Social Security/TIN;
distribution option.

T.Rowe Price
Boston Service Center
P.O. Box 2357
Boston, Massachusetts 02107

00001-000

000000000

Investment Amount $ ____________
(Total of check(s) enclosed) ($100 minimum)

{} 0000 77957310 000016690488 0000044

2/23/88 SALE OF MILL ST PROPERTY
PROJECTED RESULTS OF SALE

		TOTAL	1/4 LEWIS
SALES PRICE		$325,000.00	$81,250.00
BRODERICK AND ASSOC. COMM.-10%		($32,500.00)	($8,125.00)
		$292,500.00	$73,125.00
ESTIMATED ESCROW COSTS		($2,200.00)	($550.00)
NET SELLING PRICE		$290,300.00	$72,575.00
	INT. EQUIV.		
INTEREST INCOME			
FIRST YEAR-6%	9.00%	$14,193.94	$3,548.49
SECOND YEAR-7%	10.50%	$14,455.46	$3,613.87
THIRD YEAR-8%	12.00%	$14,017.28	$3,504.32
FOURTH YEAR-9%	13.50%	$12,792.43	$3,198.11
FIFTH YEAR-9%	13.50%	$9,577.94	$2,394.49
SIXTH YEAR-9%	13.50%	$6,061.89	$1,515.47
SEVENTH YEAR-9%	13.50%	$2,216.03	$554.01
		$73,314.97	$18,328.74
TOTAL TO BE RECEIVED		$363,614.97	$90,903.74

TIMING OF RECEIPTS:

AT CLOSE OF ESCROW:				
DOWN PAYMENT		$75,000.00		$18,750.00
NEG. FEE		($32,500.00)		($8,125.00)
ESCROW COSTS		($2,200.00)		($550.00)
		$40,300.00		$10,075.00
MONTHLY PAYMENTS: (PRINCIPAL AND INTEREST)	PER MONTH		PER MONTH	
FIRST YEAR-6%	$3,652.14	$43,825.68	$913.04	$10,956.42
SECOND YEAR-7%	$3,757.06	$45,084.72	$939.27	$11,271.18
THIRD YEAR-8%	$3,847.22	$46,166.64	$961.81	$11,541.66
FOURTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
FIFTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SIXTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SEVENTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
		$363,615.28		$90,903.82

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J Lewis
Richard J. Lewis

Edward R. Lewis, Jr.

C Jeremy Lewis
C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, VARNER, SAVAGE, NOLAN & TILDEN

By: III
Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18-78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571.

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

PART VII--"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

(continued)

Northern States Power Company (speech)	Apr.8-9	One-way air fare, Wash.D.C. to Minneapolis,St.Pl.to Ontario,Ca. food & lodging.
Brown & Williamson Tobacco Corp. (speech)	May 4-6	RT air travel, Wash. D.C., to Louisville, Ky. self & spouse food & lodging.
Rockwell International (Briefing, tour facilities & speech)	May 29	Air travel, San Bernardino, Ca. to Downey, Ca., RT, self & spouse
American Trucking Association (speech)	May 13-14	One-way air travel - Las Vegas, NV. to Wash. D.C. self & spouse food & lodging
National Cable Television Ass'n. (roundtable discussion participant)	May 20	RT air travel, Wash. D.C. to Atlanta, food.
Massachusetts Mutual (speech)	June 22-23	RT air travel, Wash. D.C. to Ontario, Ca. food & lodging
Nutri/System (speech)	Aug.21-25	RT air travel,Los Angeles, Ca. to Honolulu, self & spouse food & lodging
Southern California Edison Co. (speech)	Nov. 5	RT air travel, Redlands, Ca. to City of Industry
Chicago Mercantile Exchange (speech)	Nov.18-19	RT air travel, Ft. Myers, Fla. to Chicago to Ontario, Ca. food & lodging - self & spouse

PART VII--"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

(continued)

U.S. Telephone Association (panel participant)	Nov.15-18	One-way air travel, Wash. D.C. to Ft. Myers, Fla.,self & spouse food & lodging.
California Cable Television Ass'n. (panel participant)	Nov.28-29	One-way air travel, Orange Co.,Ca. self & spouse, to Wash. D.C. food & lodging.
Pratt-Whitney (speech)	Dec.6	RT air travel Wash., D.C. - Hartford

Reporting Individual's Name
JERRY LEWIS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Lewis Family Trust
Insurance agent	Penn Mutual Life Insurance Co.
Partner	The Magnetic Partnership Two -7.4321% interest

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
July 1959	Penn Mutual Life Insurance Co., Agent retirement plan--monthly life annuity beginning	
	at age 65. A standard agent's insurance contract. Commissions are paid in conform-	
	ance with N.Y. State law and ongoing fees paid for service to policyholder for life of contract.	

(continued)

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jerry Lewis	May 9 1991

GPO 1991 [illegible] (m)

PART IX--AGREEMENTS (continued)

1969	Legislators' Retirement System, State of California Public Employees Retirement System Monthly life annuity beginning at age 60.
1989	Lewis Family Trust (copy of trust agreement attached)

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. - Reconveyed

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9775, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Reconveyed

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as:

Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37.

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. Pacific Savings Bank Account # 0535262-0 - Transferred to Ck. acct.

28. Franklin Fund California Tax-Free Income Fund - Account No. 11204361724

C Jeremy Lewis

C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

Edward R. Lewis

Richard J. Lewis

Richard J. Lewis

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

ARLENE M. WILLIS
(Full Name)

2312 Rayburn House Office Bldg., Washington, D. C. 20515
(Mailing Address)

Filer Status	☐ Member of the U.S. House of Representatives State: District:	☒ Officer or Employee	Employing Office: JERRY LEWIS
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE			
	WHICH IS ATTACHED HERETO AND MADE A PART HEREOF			
	BY REFERENCE.			

For additional earned income, use next page

Reporting Individual's Name

ARLENE M. WILLIS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.																												

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ARLENE M. WILLIS

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Estate of Ada L. Peck (mother)		x														Final distribution				X						X
	1/4th share																										
	Fidelity Investments (IRA)			X																X							

Reporting Individual's Name

ARLENE M. WILLIS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it 's rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS											
	ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.											
	Estate of Ada L. Peck- Final distribution to heirs and creditors				August,1990			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	SEE FINANCIAL DISCLOSURE STATEMENT OF								
	SPOUSE WHICH IS ATTACHED HERETO AND MADE								
	A PART HEREOF BY REFERENCE.								

Reporting Individual's Name
ARLENE M. WILLIS

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE FINANCIAL DISCLOSURE STATEMENT			
OF SPOUSE WHICH IS ATTACHED HERETO			
AND MADE A PART HEREOF BY REFERENCE.			

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

ARLENE M. WILLIS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Executor	Estate of Ada L. Peck (mother)
Assistant Treasurer	Lewis for Congress Committee

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Arlene M. Willis	May 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY -6 AM 10:58
U.S. HOUSE OF REPRESENTATIVES

John Lewis, Member of Congress
(Full Name)

U.S. House of Representatives
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Ga. District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

HAND DELIVERED

MC (Office Use Only) ⑦

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Colorado Assn. of Commerce & Industry, Denver, Colo. 1/12/90	speech	$2,000	
	Wilmington College, Wilmington, Del. 1/16/90	speech	$1,000	
	Oregon State University, Corvallis, Ore., 1/17/90	speech	$2,000	
	AFSCME-District Council 7, New York, N.Y., 1/1/90	speech	$2,000	
	University if Maryland, Catonsville, Md., 1/14/90	speech	$500	
	Bethune-DuBois Fund, Inc., Wash., D.C., 3/19/90	speech	$300	
	Boston College, Chestnut Hill, Mass., 3/21/90	speech	$1,500	
	College of Wooster, Wooster, Ohio, 3/31/90	speech	$2,500	X $500 was pd. to charity
	Choate Rosemary Hall School, Wallingford, Conn., 4/12/90	speech	$2,000	
	National Education Assn., Wash., D.C., 4/21/90	speech	$2,000	

For additional earned income, use next page

Reporting Individual's Name

John Lewis, M.C.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Louis Martinet Legal Society, New Orleans, La., 4/21/90	speech	$2,000	
Waste Management, Inc., Oak Brook, Ill., 6/1/90	speech	$2,000	
Nat'l. Assn. of Urban Bankers, Wash., D.C., 6/13/90	speech	$2,000	
Coalition on Black Affairs, Oxon Hill, Md., 6/15/90	speech	$1,500	
Connell, Rice & Sugar Co., Inc., Westfield, N.J., 7/9/90	speech	$2,000	
Afro-American Historical & Cultural Museum, Inc., Phila., Pa., 8/29/90	speech	$2,000	
Clark Atlanta University, Atlanta, Ga.	spouse's salary	n/a	

Reporting Individual's Name
John Lewis, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S DC JT	Examples	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Old City Development Corp.				X								X								X						X

For additional assets and unearned income, use next page

Reporting Individual's Name
John Lewis, M.C.

ART IV—TRANSACTIONS

port any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real
perty, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000.
lude transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or
ur dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information,
e instructions, page 17

NONE ☐

C. JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Mortgage held by me for Old City Development Corporation											
	was paid off in accordance with payment schedule on											
	February 17, 1990. While this does not constitute a sale,											
	purchase or exchange, it may be considered a transaction.											

ART V—LIABILITIES

port liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period.
clude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling
the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, C, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	not applicable								

Reporting Individual's Name
John Lewis, M.C.

PART VI—TANGIBLE GIFTS
GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
not applicable		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Colo. Assn. Commerce & Indust.	1/12/90	Roundtrip air travel from Atlanta to Denver	
Wilmington College	1/16/90	Air travel from Atlanta to Wilmington	
Oregon State University	1/17/90	Air travel from Wilmington to Corvallis to Atlanta	
AFSCME - District Council 7	2/9/90	Roundtrip air travel from Atlanta to New York	
Boston College	3/21/90	Roundtrip air travel from D.C. to Boston	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - cont'd.

College of Wooster	1/31/90	Air travel from Atlanta to Wooster to D.C.	
Choate Rosemary Hall	4/12-13/90	Roundtrip air travel from Atlanta to New Haven	
Louis Martinet Legal Society	4/21/90	Roundtrip air travel from Atlanta to New Orleans	
Afro-American Historical & Cultural Museum	8/29/90	Air travel from Atlanta to Philadelphia to D.C.	
MidPAC	4/16/90	Roundtrip air travel from Atlanta to New York	

Reporting Individual's Name
John Lewis, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	Wiley A. Branton Civil Liberties Foundation, Inc.
Board of Directors	Martin Luther King Center for Nonviolent Social Change, Inc.
Board of Directors	Friends of VISTA, Inc.
Board of Directors	Robert F. Kennedy Memorial, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John Lewis	DATE (Month, Day, Year) May 2, 1991

GPO 1991 31-080 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A

For use by Members, officers, and employees

91 MAY 15 PM 4:31

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Thomas F. (Tom) Lewis
(Full Name)

2700 PGA Boulevard
(Mailing Address)

Palm Beach Gardens, Florida 33410

Filer Status	☒ Member of the U.S. House of Representatives State: Florida District: 12	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Sargent at Arms U.S. House of Representatives, Washington, D.C.	Salary as Member of Congress	94,417	
	CT. Gen. Life Insurance, Hartford, CT	Pension	2,122	
	FL Department of Administration, Tallahassee, FL	Pension	4,003	
	Edison Electric Institute (1/4/90) Washington, D.C.	Speech Govt. Affairs Conf	1,000	
	U.S. Dairy Forum (1/20/90 PBG FL	Speech	1,000	
	FL Fruit & Vegetable Assoc. (4/4/90) Washington, D.C.	Speech	1,000	
	Electric Power Conf. (4/25/90) Washington, D.C.	Speech	1,000	
	FL Fruit & Vegetable Assoc. (9/21/90) Naples, FL	Speech	1,000	
	U.S. Advanced Ceramics Assoc. (10/2/90), Washington, D.C.	Speech	2,000	
	RJR Nabisco (10/3/90) Washington, D.C.	Speech	2,000	

For additional earned income, use next page

Reporting Individual's Name

Thomas F. Lewis

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Hect Spencer & Assoc. Inc. (10/24/90) Washington, D.C.	Speech	1,000	
(10/31 & 11/2/90) Manuf. Alliance for Productivity & Innovation, Inc. Palm Beach, FL	Speeches	1,500	
Chicago Mercantile Exchange (11/12/90) Chicago, ILL	Visit & Speech	750	
Chicago Board of Trade (11/12/90 Chicago, ILL	Visit & Speech	750	
Earned by Spouse:			
Marion V. Lewis, Inc. North Palm Beach, FL	Salary		
State of Florida, Tallahassee, FL	Salary		
Flagler National Bank, W. Palm Beach, FL	Advisory Board Fee		

Reporting Individual's Name

Thomas F. Lewis

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Prudential Insurance Policy	X											X						X								
	Frances S. Stokesberry, Mtg.		X										x									X					
	Cong. Federal Cr. Union		X										X						X								
	Parker & Parsley		X										X						X								
	Hollywood Energy Ptrs. (was Apache 82)	X											X					X									
S	Silver Screen Ptrs. (1 Unit)		X										X					X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Thomas F. Lewis

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
J	$10,000 Face Alaska Pipeline		X										X						X								
J	5,000 Face Pueblo Co 7%		X										X						X								
	First American Bank P.B. Co. (Defunct)	X									X							X									Defunct
S	200 Sh. Flagler Nat'l Bank		X								X								X								
S	500 Sh. Palm Beach Lakes Bank		X								X							X									
S	500 Sh. Marian V. Lewis Inc. Realtors				X						X							X									
S	Dean Witter/Sears Liq. Asset Fd.		X										X						X								
JT	Dean Witter/Sears Liq. Asset Fd.		X										X						X								
S	Shearson Lehman Mgmt. Acct.			X							X									X							
	Rentals																										
JT	1061 Ocean Dr. Juno Beach, FL				X							X										X					
JT	1081 Ocean Dr. Juno Beach, FL				X							X										X					
JT	(3) Condo. Offices, 721 U.S. Hwy.1, NPB						X					X											X				
JT	(4) Plex, Redbank Rd. Juno Beach, FL					X						X											X				
JT	50% Int. Comm. Prop. U.S. Hwy.1 Juno FL				X							X											X				
JT	1631 Congress Ave. Lake Worth, FL				X							X										X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Thomas F. Lewis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $4,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Lake Worth 50% Int. Military Trail Comm. Prop.				X							X										X					
JT	(2) Apts. Forest Hills, N. Carolina				X							X									X						
JT	Tri-Plex 1316-18-20 Rumbalu, Tall. FL				X							X										X					
JT	Condo Unit Chez, Sois, Tall. FL				X							X										X					
S	Real Estate Lot-N. Palm Beach, FL					X												X									
JT	Townhouse, Tallahassee, FL				X													X									
JT	Lot Residentual Inv.		X															X									
JT	15 Acres Suqahnee Co. FL		X															X									

Reporting Individual's Name

Thomas F. Lewis

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V- LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Fidelity Fed. S&L, West Palm Beach, FL	Condo Office 721 U.S. 1, N.P.B.	X						
JT	Community Fed. S&L Riviera Beach, FL	Condo Office 721 U.S. 1, N.P.B.		X					
JT	Fidelity Federal Savings, Lake Worth, FL	Mtg. (4)Plex Redbank Rd. Juno, FL		X					
JT	Fidelity Federal Savings, Lake Worth, FL	Mtg. Prop. U.S. #1, Juno Bch,FL	X						
JT	Mrs. M. Barrett Santa Fe Rd. WPB Fl.	Mtg. Congress Ave Lake Worth, FL	X						

Reporting Individual's Name
Thomas F. Lewis

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Jackson County S&L North Carolina	Mtg. (2)Apts. Forrest Hills, NC		X					
JT	Mrs. F. Langston, Tallahassee, FL	2nd Mtg. Tri-Plex Rumba Ln. Tall. FL		X					
JT	Foster Mtg. (formerly) Sun Federal Savings & Loan, Tallahassee, FL	Mtg. Tri-Plex Rumba Ln. Tall, FL			X				
JT	Foster Mtg. (formerly) Sun Federal Savings & Loan, Tallahassee, FL	Mtg. Chez Sois Condo, Tall, FL			X				

TOM LEWIS
12TH DISTRICT, FLORIDA

ROOM 1216
LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE (202) 225-5792

COMMITTEES
COMMITTEE ON AGRICULTURE
COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

NORTH ATLANTIC ASSEMBLY (NATO)

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES:
PALM BEACH GARDENS
3700 PGA BOULEVARD
SUITE ONE
PALM BEACH GARDENS, FL 33410
(407) 627-6192

PORT ST. LUCIE
7501 SOUTH U.S. HIGHWAY ONE
SUITE 200
BARNETT BANK BLDG
PORT ST. LUCIE, FL 34952
(407) 283-7989
(407) 466-3710

May 23, 1991

②

✓

MC

1991 JUN -3 PM 5:28

U.S. H

Chairman Louis Stokes
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Chairman Stokes:

Please amend my 1990 Financial Disclosure Statement on page 5, (Parts II and III-Assets and Unearned Income - page 3 of 3) as follows:

JT - Lot Residential Inv. - Timber Lane, Martin County, Florida

Thank you for your kind attention to this matter.

Sincerely,

Tom Lewis

Tom Lewis
Member of Congress

TL:kh

enclosure

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

TOM LEWIS
12TH DISTRICT, FLORIDA

ROOM 1216
LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE: (202) 225-5792

COMMITTEES:
COMMITTEE ON AGRICULTURE
COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

NORTH ATLANTIC ASSEMBLY (NATO)

24 9:39

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES:
PALM BEACH GARDENS
2700 PGA BOULEVARD
SUITE ONE
PALM BEACH GARDENS, FL 33410
(407) 627-6192

PORT ST. LUCIE
7801 SOUTH U.S. HIGHWAY ONE
SUITE 200
BARNETT BANK BLDG
PORT ST. LUCIE, FL 34952
(407) 283-7989
(407) 465-3710

June 21, 1991

① MC ✓

Chairman Louis Stokes
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Chairman Stokes:

Please amend my 1990 Financial Disclosure Statement, Part VI, Tangible Gifts to reflect the following:

General Motors - Nine Volume PBS Video Series, "The Civil War"
$129.00

Thank you for your kind attention to this matter.

Sincerely,

Tom Lewis

Tom Lewis
Member of Congress

TL:kh

RECEIVED
91 JUN 24 AM 9:53
COMMITTEE ON STANDARDS

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

Reporting Individual's Name
Thomas F. Lewis

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calender year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government," and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
FL Fruit & Vegetable Assoc.		9/21/90	Lodging Reimbursement ($325)	
Chicago Merchantile Exchange		11/12/90	Travel Expenses Reimbursed ($1,035)	

Reporting Individual's Name
Thomas F. Lewis

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Vice President	Marian V. Lewis, Inc.
Executive Committee	Republican Party of Florida

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tom Lewis

DATE (Month, Day, Year) 5/15/91

Continuation Sheet (if needed)

Thomas F. Lewis

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,000)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Lake Worth 50% Int. Military Trail Comm. Prop.				X							X										X					
JT	(2) Apts. Forest Hills, N. Carolina				X							X									X						
JT	Tri-Plex 1316-18-20 Rumbalu, Tall. FL				X							X										X					
JT	Condo Unit Chez, Sois, Tall. FL				X							X										X					
S	Real Estate Lot-N. Palm Beach, FL					X												X									
JT	Townhouse, Tallahassee, FL				X													X									
JT	Lot Residentual Inv.		X															X									
JT	15 Acres Suqahnee Co. FL		X															X									

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 10 AM 9 51
CLERK OF THE
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jim Ross Lightfoct
(Full Name)

1222 Longworth Building, Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Iowa District: 5	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bell Helicopter Textron (Jan. 18-19, 1990)	Honorarium	$1000	
	Iowa Central Community College (April 11, 1990)	Speech	$200	
	Merri Widow Stores - Atlantic/Shenandoah, Iowa	Spouse Business Inc.	NA	

For additional earned income, use next page

Reporting Individual's Name
Jim Ross Lightfoot

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Ross's Zesto Shop, Shenandoah			X													Business Income	X (Gross and Net)									
JT	Merri Widow Stores, Shenandoah/Atlantic					X											Business Income	X (Net)							X (Gross)		X-Atlantic
	Apple Computer Stock		X								X							X									
	Baker International Stock	X									X							X									
	Treynor State Bank IRA, Treynor		X										X						X								
DC	GMAC Capital Corp. Account		X										X						X								

For additional assets and unearned income, use next page

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTKIN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 25, 1990

The Honorable Jim Lightfoot
U.S. House of Representatives
1222 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of October 24, 1990, requesting advice from this Committee regarding the propriety of you, your wife, and your Chief of Staff, Mark Anderson, accepting an invitation from the Far East Studies Institute to participate in a cultural and educational exchange program in the People's Republic of China from November 11-18, 1990. The invitation accompanying your letter explains that the Chinese People's Institute of Foreign Affairs, in conjunction with the Far East Studies Institute, will sponsor and coordinate this program, and the program has been approved by the U.S. Information Agency (USIA) and authorized under the provisions of the Mutual Educational and Cultural Exchange Act.

Government officials, including Members and employees of Congress, are prohibited by Article I, Section 9, clause 8, of the United States Constitution from receiving "any present . . . of any kind whatever" from a foreign state or a representative of a foreign government without the consent of Congress. Congress has consented, through the vehicle of the Foreign Gifts and Decorations Act (5 U.S.C. § 7432) to the acceptance of certain gifts. The Act, and regulations promulgated by this Committee pursuant to it, permit Members, employees, and their spouses to accept assistance from a foreign government for participation in a foreign exchange or visitors program outlined in the Mutual Educational and Cultural Exchange Act (22 U.S.C. § 2458a). See 5 U.S.C. §7342(k), and Paragraph 6(d) of Regulations for the Acceptance of Decorations and Gifts, House Committee on Standards of Official Conduct, included at pages 204-208 of the Ethics Manual for Members, Officers, and Employees of the U.S. House of Representatives. In view of the fact that the invitation indicates this program has been approved by USIA pursuant to the Mutual Educational and Cultural Exchange Act and is in full compliance with federal law, you, your wife, and Mr. Anderson may accept the travel in question.

The Honorable Jim Lightfoot
October 25, 1990
Page 2

Section 805(a)(1) of the Ethics Reform Act of 1989 sets a ceiling on the expenses which will normally be deemed necessary for privately paid foreign travel. However, this limit does not apply to a cultural exchange program sponsored by a foreign government such as this.

All travel expenses aggregating $250 or more in value from a single source must be disclosed as "reimbursements" on the Financial Disclosure Statements of those individuals, including Members, who file such reports pursuant to the Ethics in Government Act of 1978. The Ethics Reform Act requires reporting not only the identity of the source of the travel but also a brief description, including a travel itinerary, dates, and nature of expenses provided.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T Myers

John T. Myers
Ranking Minority Member

JS:lrs

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
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THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA

RALPH L. LOTKIN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

November 9, 1990

The Honorable Jim Lightfoot
U.S. House of Representatives
1222 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter dated November 8, 1990, requesting an opinion from this Committee regarding an invitation you, your wife, and your Chief of Staff, Mark Anderson, have received from American President Lines, Ltd., to visit its facilities in Hong Kong from November 18-20, 1990, following your trip to the Peoples' Republic of China with the Far East Studies Institute. You included with your letter a copy of the invitation.

It is the responsibility of the traveling Member or employee to determine whether the sponsor of a trip of this kind is a foreign government or agent thereof, or acting on behalf of a foreign government. For purposes of this advisory opinion, it is assumed that American President Lines, Ltd., is not such an entity. Accordingly, your travel expenses are deemed not to be subject to the Foreign Gifts and Decorations Act (5 U.S.C. § 7342).

The applicable rule is House Rule XLIII, clause 4, which, effective January 1, 1990, provides that a Member, officer, or employee of the House shall not accept in any calendar year gifts aggregating more than "minimal value," directly or indirectly, from any source other than a relative. In Advisory Opinion No. 8, the Select Committee on Ethics of the 95th Congress determined that necessary travel expenses provided by the sponsor of a fact-finding event or activity, which is directly related to official duties, are not considered to be gifts for purposes of this rule. That advisory opinion also states that "the responsibility will rest with the Member, officer, or employee to determine whether the particular event or activity is intended for fact-finding purposes directly related to official duties."

If you determine that this trip is directly related to your official duties, as well as those of Mr. Anderson, House rules would permit acceptance of necessary expenses. Consistent with

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Ross Lightfoot

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Internal Revenue Service									NA							Tax Refund					X					
JT	Treasurer State of Iowa									NA							Tax Refund			X							

Reporting Individual's Name
Jim Ross Lightfoot

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Merri Widow Store - Atlantic		X		6-3-90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Trust & Savings Bank, Shenandoah	Business Operating Loan			X				
	Congressional Federal Credit Union	Personal Loan	X						

Reporting Individual's Name
Jim Ross Lightfoot

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Bell Helicopter Textron		Jan. 18-19	R/T airfare from DC to Dallas, 2 days food, lodging & transp.	
Far East Studies Institute and the Chinese People's Institute of Foreign		Nov. 11-18	R/T airfare from Omaha to Beijing, 7 days food, lodging & transp.	
Affairs			Self and spouse.	
American President Lines, Ltd.		Nov. 18-20	2 days food, lodging & transp. in Hong Kong. Self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jim Ross Lightfoot

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Ross's Zesto Shop, Shenandoah
Partner	Merri Widow Store, Shenandoah

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Ross Lightfoot	5-9-91

GPO 1991 [illegible]-588 (m)

section 805(a) of the Ethics Reform Act of 1989 (Public Law 101-194), the spouse or another family may also accept necessary expenses to accompany a Member or employee on a substantial participation event or fact-finding travel.

Section 805(a)(1) of the Ethics Reform Act sets a ceiling on the expenses which will normally be deemed necessary for privately paid travel. In the case of foreign travel, a maximum of seven consecutive days (excluding travel days) may be accepted without prior written approval from the Committee. Your proposed travel appears consistent with this limit.

All travel expenses aggregating $250 or more in value from a single source must be disclosed as "reimbursements" on the Financial Disclosure Statements of those individuals, including Members, who file such reports pursuant to the Ethics in Government Act of 1978. The Ethics Reform Act requires reporting not only the identity of the source of the travel but also a brief description, including a travel itinerary, dates, and nature of expenses provided.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C Dixon
Julian C. Dixon
Chairman

John T Myers
John T. Myers
Ranking Minority Member

JS:lrs

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 3:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

William Oliver Lipinski
(Full Name)

6242 West 59th Street
Chicago, Illinois 60638
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Illinois District: 5	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

mc (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Trailer Train Company (June 20, 1990)	Speech	$1,000	
	Rose Marie Partners	Building Management	$2,400	
	Cook County	Spouse Salary	NA	
	Chicago Transit Authority	Spouse salary	NA	
	Illinois Cable Television Association (February 1, 1990)	Speech (given Dec. 1989)	$1,000	
	Association of American Railroads (April 12, 1990)	Speech	$1,000	
	Santa Fe Railway/Santa Fe Pacific Corp. (April 26, 1990)	Speech	$1,000	
	Sea-Land (April 16, 1990)	Speech	$2,000	
	Chicago Mercantile Exchange (September 28, 1990)	Speech	$1,500	
	Chicago Board of Trade (September 27, 1990)	Speech	$1,500	

For additional earned income, use next page

Reporting Individual's Name
William Lipinski

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
23rd Ward Committeeman	Chairman, local Democratic Party	$8,000	
Illinois Cable Television Association (May 30, 1990)	Speech	$1,500	

Reporting Individual's Name

William Lipinski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	Rose Marie Partners Building					X						X									X						
JT	Standard Federal Savings and Loan			X									X							X							
JT	Polish National Alliance	X											X					X									
JT	Archer Heights Credit Union	X											X					X									
JT	Savings of America (58th & Pulaski)		X										X						X								
	Chicago Park District Retirement Fund			X							None received							X									

For additional assets and unearned income, use next page

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Reporting Individual's Name
William Lipinski

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Argo Savings and Loan	Mortgage on 5838 Archer Avenue Chicago, Illinois 60638		X					

Reporting Individual's Name
William Lipinski

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Santa Fe Pacific Corp		April 25, 1990	One way air travel from Chicago to Washington ($194.00)	
Association of American Railroads		April 6-8, 1990	Roundtrip air travel from Washington to Miami and Miami to Chicago, 3 days food and lodging, rental car transport from Miama to Key Largo for conference, for self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William Lipinski

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit-organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
23rd Ward Committeeman	23rd Ward Democratic Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 2[illegible]

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 19[illegible] amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on S[illegible] Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See [illegible].C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William O. Lipinski	DATE (Month, Day, Year) May 14, 1991

Robert L. Livingston

PART IV - TRANSACTIONS - continued

IDENTIFICATION OF ASSETS	PURCHASE	SALE	DATE	AMOUNT
Glaxo Holdings	X	X	5/15-8/3/90	$1,000-15,000
Homstk Mining		X	3/26/90	$1,000-15,000
Ingersoll Rand	XX	X	5/14-6/29/90	$1,000-15,000
Inter Multifood	X	X	3/20-2/7/90	$1,000-15,000
Pacific Telesis		X	6/26/90	$1,000-15,000
Petroleum Helicopter	X		2/1/90	$1,000-15,000
Quaker State		X	1/16/90	$1,000-15,000
Salomon, Inc.	X	X	7/13-8/2/90	$1,000-15,000
Selas Corp. America	X	X	5/10-8/3/90	$1,000-15,000
Selas Corp. America	X	X	4/18-8/3/90	$1,000-15,000
Sun Micro System	X	X	3/20-2/12/90	$1,000-15,000
Tandy Corporation	X	X	6/19-2/12/90	$1,000-15,000
Terex Corporation	X	X	4/19-6/26/90	$1,000-15,000
Terex Corporation	X	X	5/11-6/29/90	$1,000-15,000
Tidewater, Inc.	X		5/22/90	$1,000-15,000
Tidewater, Inc.	X		10/3/90	$1,000-15,000
Topps Co.	X	X	3/12-2/12/90	$1,000-15,000
UAL Corp.	X	X	1/26-1/29/90	$1,000-15,000
UAL Corp.	X	X	1/31-2/12/90	$1,000-15,000
Unilever	X	X	7/13-8/3/90	$1,000-15,000
Vicorp Retaurant	X	X	7/24-8/3/90	$1,000-15,000
Weyerhaeuser		X	1/23/90	$1,000-15,000
Anthem Electro	X	X	4/19-4/30/90	$1,000-15,000
Merrill Lynch S&P, Value Line and Oil Futures	X	X	Misc.	$1,000-15,000
1/5 ownership, house and lot, Manassas VA	X		12/15/90	$15,000-50,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 AM 7:59

Robert L. Livingston
(Full Name)

2368 Rayburn HOB
(Mailing Address)
Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: Louisiana District: 1	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC **INSIDE MAIL** (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

2355

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bryan Wagner, 1/3/90	Speech	$2,000	
	Bell Helicopter Textron, 1/2/90	Speech	$2,000	
	Management Association for Private Photogrammetric Surveyors, 2/14/90	Speech	$1,000	
	Diagnostic Retrieval Systems, 2/28/90	Speech	$2,000	
	Textron Defense Systems, 4/26/90	Speech	$2,000	
	Babcock & Wilcox, 6/7/90	Speech	$2,000	
	Shipbuilders Council of America, 6/13/90	Speech	$1,000	
	Boeing Company, 6/15/90	Speech	$2,000	
	AAI Corporation, 6/25/90	Speech	$2,000	
	LTV, 6/29/90	Speech	$2,000	

For additional earned income, use next page

Reporting Individual's Name
Robert L. Livingston

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
E Systems, 10/3/90	Speech	$2,000	
Northrop Corp., 11/30/90	Speech	$2,000	
McKenna & Cuneo, 11/14/90	Speech	$500	
Nat'l Ocean Industries Association, 11/16/90	Speech	$1,000	
Pratt and Whitney, 11/26/90	Speech	$1,000	
Connell Rice and Sugar, 11/20/90	Speech	$2,000	
Lipsen, Whitten & Diamond, 12/31/90	Speech	$400 ($50 to Boy Scouts of America)	X

Reporting Individual's Name

Robert L. Livingston

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	Petroleum Helicopter Stock	X																									X
	Tidewater, Inc, Stock	X																									X
	2 personal homes (excluded)																										
	IRA - Waters Parkerson		X																								
	1/3 Interest lot in Lacombe	X																									
S	Wife's Louisiana Bankshares*	X																									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Robert L. Livingston

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
✓	S	3/4 acre, Pointe Coupee, LA * Wife's 1/5 mineral interest		X																								
✓	S	Raceland, Louisiana Wife's 6 acres farmland*			XX																							
✓	DC	Trust for children		X								X	X								X							
✓		Kehoe Account			XX																							
✓		Merrico Oil Limited Partnership		X								X							X									
✓		Putnam Vista Mutual Fund		X								X								X								
		Cash management account - stock transactions Ed. Jones & Co. Money Fund			X							X		X						X								X
✓		Fidelty Puritan Mutual Fund		X								X							X									
✓		Manassas, Virginia 1/5 ownership, house and lot			X																							X ✓
		(*wife's assets constitute corpus																										
		of trust for children)																										

Reporting Individual's Name
Robert L. Livingston

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	ADP, Inc.	X	X		4/5-6/26/90	X						
	Boeing Co.	X	X		7/23-8/3/90	X						
	Burlington	X	X		5/16-8/3/90	X						
	Deere & Company	X	X		4/5-6/19/90	X						
	General Electric Co.	X	X		1/16-8/3/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Mortgages on personal residences (excluded)								

Reporting Individual's Name
Robert L. Livingston

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Diagnostic Retrieval Systems		2/28/90	Roundtrip Air travel from Washington to Newark, N.J. for speech Lunch	
Textron Defense Systems		4/26/90	Roundtrip air travel from Washington to Wilmington, MA for speaking engagement, lunch	
Babcock and Wilcox		6/12-13/90	Roundtrip air travel from Washington to Lynchburg,VA 1 day food and lodging, speaking engagement	
Boeing Co.		6/15/90	Air travel from Huntsville, Alabama to New Orleans, LA Air travel from Washington to Huntsville, Alabama	
LTV		6/29/90	Air Travel from Washington to Dallas for speaking engagement, travel from Dallas to New Orleans, LA	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Robert L. Livingston

Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Food, Entertainment (continued)

National Ocean Industries Assoc., 11/16/90, Roundtrip air travel from Washington to Charleston, South Carolina, one night food and lodging for speaking engagement.

Pratt and Whitney, 11/26/90, Roundtrip air travel to Hartford, Connecticut for speaking engagement

Connell Rice and Sugar, 11/30-12/2/90, Roundtrip air travel from Washington to New York, 3 days food and lodging, for speaking engagement, self, spouse and daughter

The Aspen Institute, 4/11-4/16/90, Roundtrip air travel from Washington to Bermuda, food and lodging for fact-finding conference, self and spouse

Reporting Individual's Name

Robert L. Livingston

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5-15-90

GPO: 1981 37-500 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

MAY 15 PM 3:01
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Marilyn L. Lloyd
(Full Name)

2266 Rayburn Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: Tennessee District: 3 ☐ Officer or Employee Employing Office: ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) (7)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$800	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	The International Anticounterfeiting Coalition, Inc. (4/23/90)	Speech	$ 1,000	X
	Fiber, Fabric, and Apparel Coalition for Trade (6/13/90)	Speech	$ 2,000	
	Alabama Power Company (7/12/90)	Speech	$ 500	
	Enserch Corporation (7/17/90)	Speech	$ 1,000	
	American Textile Manufacturers Institute, Inc.	10/3/90 Speech	$ 1,000	

2364

For additional earned income, use next page

Reporting Individual's Name

Marilyn L. Lloyd

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Bristol Myers Squibb Co.-common stock			X							X								X								
			Dun and Bradstreet Corp.-common stock	X									X								X								Purchase/ Sale
			General Mills - common stock			X							X								X								
			Pacific Gas and Electric - common stock	X									X								X								Sale
			Panhandle Eastern - common stock	X									X								X								Purchase/ Sale
			R.R. Donnelley & Sons - common stock		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Marilyn L. Lloyd

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
		none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
	Union Pacific - common stock		X								X								X								
	Westvaco Corp. - common stock		X								X								X								Purchase
	Time Warner Conv. Prefd. Stock		X								X									X							Purchase
	Keystone Custodian Fund	X											X					X									Purchase/ Sale
	Masco Corp. Sub. Conv. Deb. 5.25%			X									X						X								Purchase
	Browning-Ferris Ind. Conv. Deb. 5.25%			X									X							X							Purchase
	U.S. Treasury Notes					X							X									X					Purchase
	Merrill Lynch CMA Fund	X											X						X								
	Metropolitan Life Insurance Annuity			X									X							X							Purchase
	Homeowners Savings Bank CD	X											X							X							Sale
	Montana Power Co. Common Stock		X								X							X									
	Congressional Federal Credit Union		X										X						X								
	United Savings Assn. of Texas, CD		X										X					X									

Reporting Individual's Name
Marilyn L. Lloyd

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Dun and Bradstreet, Common Stock	X	X		1/10/90 11/5/90	X	X					
	Pacific Gas and Electric, Common Stock		X		2/7/90		X					
	Panhandle Eastern, Common Stock	X	X		11/13/90 12/31/90	X X						
	Westvaco Corp., Common Stock	X			6/1/90	X						
	Time Warner Conv. Exch. Preferred Ser. C	X			1/18/90		X					
	Keystone Custodian Fund	X	X		Various	X X						
	Masco Corp. Sub. Conv. Deb.5.25% due 8/15/12	X			11/13/90	X						
	Browning-Ferris Ind. Conv. Deb. 5.25% due 2/15/12	X			11/13/90	X						
	U.S. Treasury Notes	X			2/15/90 5/31/90			X				

Reporting Individual's Name
Marilyn L. Lloyd

PART IV—TRANSACTIONS - continued

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Metro Life Ins. 7.8% yield due 11/1/93	X			11/1/90	X						
	Warner Communications, Common Stock		X		1/10/90	X						
	Homeowners Savings Bank CD		X		5/18/90		X					
	Rental Property - 4700 Murray Lake Lane, Chattanooga, TN Gifted to Daughter (remaining ½ interest)	Gift			1/1/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Merrill Lynch	Personal Loan	X						

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
Marilyn L. Lloyd

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Marilyn L. Lloyd

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

Marilyn L. Lloyd

SIGNATURE OF REPORTING INDIVIDUAL
Marilyn L. Lloyd

DATE (Month, Day, Year)
May 14, 1991

GPO: 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 2:28
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jill Lynette Long
(Full Name)

1513 Longworth HOB
Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: IN District: 4	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

mc (Office Use Only) ⑤

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

Jill Lynette Long

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Examples:																										
S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	NE Qtr,NW Qtr,Sec 28,Twp 33 Rng 8,40A NW Qtr,NW Qtr,Sec 28,Twp 33 Rng 8,40A					X						X						X									
	80 Acre Farm-Indiana																										

For additional assets and unearned income, use next page

Reporting Individual's Name

Jill Lynette Long

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Society Bank of Goshen, Indiana	Mortgage on 40 acres		X					
	Gainer Bank of Valparaiso, Indiana	Mortgage on 40 acres		X					
	Prime Bank of Cromwell, Indiana	Personal Loan-Satisfied in 1990		X					

Reporting Individual's Name
Jill Lynette Long

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Jill Lynette Long

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jill Lynette Long

DATE (Month, Day, Year) 5-14-91

GPO 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Memb[illegible] officers, and employees

William David Lowery
(Full Name)

2433 Rayburn House Office Building
(Mailing Address)
Washington, DC 20515

Filer Status: ☒ Member of the U.S. House of Representatives State: CA District: 41 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

RECEIVED
[illegible] MAY 15 PM 4: 35
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

MC ⑧

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Shannon and Luchs Realty (spouse)	Sales Commissions	NA	
	Direct Communications (spouse)	Marketing/Consulting	NA	
	Oceanspray Cranberries, Inc. (4/4/90)	Speech	[illegible]000	
	Connell Rice and Sugar (3/21/90)	Speech	$2,000	
	Hercules (4/4/90)	Speech	$1,000	
	AT&T (4/4/90)	Speech	$2,000	
	Wine Institute (6/11/90)	Speech	$1,000	
	Rockwell International (6/11/90)	Speech	$1,000	
	Real Estate Tax Institute (6/22/90)	Speech	$2,000	
	Ship Builders Council (7/11/90)	Speech	$1,000	

For additional earned income, use next page

Reporting Individual's Name
WILLIAM D. LOWERY, M.C.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
The Tobacco Institute (7/24/90)	Speech	$2,000	
Klammath Alliance for Resources & Environment (9/5/90)	Speech	$1,000	
National Paint and Coating Association (7/26/90)	Speech	$2,000	
Phillip Morris (9/5/90)	Speech	$1,000	
The Irvine Company (9/5/90)	Speech	$2,000	
NFIB Foundation (9/27/90)	Speech	$1,000	
FIGGIE (9/12/90)	Speech	$1,000	
American Paper Institute (12/3/90)	Speech	$1,000	
Chicago Mercantile (11/25/90)	Speech	$750	X
Chicago Board of Trade (11/25/90)	Speech	$750	
United States Telephone Association (12/18/90)	Speech	$1,000	
Textron Defense Systems (12/18/90)	Speech	$2,000	
Institute of Scrap Recycling (12/26/90)	Speech	$1,000	X

Reporting Individual's Name
WILLIAM D. LOWERY, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			San Diego Trust And Savings Bank		X										X						X								
			Wright Patman Federal Credit Un.		X										X						X								
			First American Bank of Virginia		X										X						X								
			WesTerra Equities Plan I-Ltd. Partnership			X										X				X									
			WesTerra Equities Plan II-Ltd. Partnership			X										X				X									
			Warfield LTD-Ltd. Partnership		X											X				X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM D. LOWERY, M.C.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	SEGS [illegible] Private Placement Security				X									X				X									

Reporting Individual's Name
WILLIAM D.LOWERY, M.C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒ XX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank of Commerce, San Diego	Loans		X					
	Wright Patman Cong. Fed. Credit Union	Loans		X					

Reporting Individual's Name
WILLIAM D. LOWERY, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE XX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Oceanspray Cranberries Co.	Feb.2[illegible]-26 1990	Roundtrip Air Travel from Wash.D.C. to San Diego, 2 days food & lodging	
Connell Rice and Sugar Co.	Mar. 1-4 1990	Roundtrip Mileage from Wash.DC. to New York,3 days food & lodging self and spouse	
Klamath Alliance for Resources & Environment	July 13-14, 1990	Roundtrip Air Travel from Wash DC to Mt.Shasta, CA, 2 days food & lodging	
AT&T	Mar.19, 1990	Roundtrip Air Travel from Wash. DC to New Jersey, lunch	
The Irvine Co.	Aug.5-7 1990	3 days food & lodging, self & spouse	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

CONTINUED--BILL LOWERY

WILLIAM D. LOWERY, M.C.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

CONTINUED--BILL LOWERY

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NFIB	Aug.24-26, 1990	Roundtrip Air Travel from Wash.DC to Colorado Springs, 2 days food and lodging	
Chicago Board of Trade	Nov. 19 1990	One way air travel from Wash. DC to Chicago,meal, 1/2 night lodging cost	
Chicago Mercantile	Nov. 19 1990	One way air travel from Chicago to Wash. DC, meal, 1/2 night lodging cost	
Textron Defense Systems	Dec. 13 1990	Roundtrip air travel from Wash. DC to Boston, [redacted] lunch	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VIII—POSITIONS

Reporting Individual's Name
WILLIAM D. LOWERY, M.C.

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒ XX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒ XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Bill Lowery	**DATE (Month, Day, Year)** MAY 15, 1991

GPO 1991 37-089 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

91 MAY 15 PM 5:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

NITA M. LOWEY
(Full Name)

105 Beverly Road
Rye, New York 10580
(Mailing Address)

Filer Status: ☒ Member of the U.S. House of Representatives State: NEW YORK District: 20 ☐ Officer or Employee Employing Office: ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

MC (Office Use Only) (7)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name

NITA M. LOWEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			CITIBANK, N.A.			X									X								X						
JT			CHEMICAL BANK		X										X							X							
			SERGEANT-AT-ARMS		X																								
JT			CITIBANK LANDMARK FUND						X				X												X				
JT			U.S. TREASURY NOTES AND BILLS							X					X											X			
			U.S. TREASURY NOTES AND BILLS						X						X									X					

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

NITA M. LOWEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	ALBANY COUNTY NY BONDS		X										X						X								
	MTA NY BONDS		X										X						X								
	MAC BONDS			X									X								X						
	NASSAU COUNTY NY BONDS			X									X							X							
	NY POWER AUTHORITY BONDS		X										X						X								
	TRIBOROUGH BR. & TUNNEL AUTH.BDS.				X								X									X					
S	GILDER GAGNON & CO. ACCOUNT						X				X		X	X									X				
S	EGS PARTNERS					X					X		X	X													
S	P. OPPENHEIMER INVESTMENT PTNSP.			X										X													
S	AMERICAN EXPRESS STOCK		X								X								X								
S	HARRIS CORP. STOCK		X								X								X								
S	INDUSTRIAL ACOUSTICS STOCK		X								X							X									
S	LOWES COMPANIES STOCK		X								X							X									
S	TOYS 'R US STOCK		X																								
S	WHITMAN CORP. STOCK		X																								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NITA M. LOWEY

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	MCO RESOURCES NOTE				X								X									X					
S	PRUDENTIAL MONEY MART		X								X								X								
S	MULTIMEDIA CORP.					X																					
S	EM NEW YORK PROPERTIES				X																						
S	BRANDON DRILLING PARTNERSHIP		X														Distrib-ution	X									
S	LOWEY DANNENBERG BEMPORAD & SELINGER, P.C.								X								SALARY			N/A							

Reporting Individual's Name
NITA M. LOWEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Purchases and sales in normal course in Gilder, Gagnon Managed Account. Manager has complete discretion to select, buy and sell securities											
S	Miscellaneous small purchases and sales of stock in Prudential Bache Account											

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☑

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

Reporting Individual's Name
Nita M. Lowey

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☑

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Democratic Business Council Summer Meeting	Jul. 26-Jul29, 1990	Air fare from D.C. to Nantucket, returning to N.Y. lodging for self and spouse for three days	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name NITA M. LOWEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Westchester Community Opportunity Program
Director Director	American Jewish Committee Legal Awareness for Women
Director	Westchester Jewish Community Services

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Nita M. Lowey	DATE (Month, Day, Year) 5/15/91

GPO 1991 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 31 PM 4:28

NITA M. LOWEY
(Full Name)

105 Beverly Road
Rye, New York 10580
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: New York District: 20	☐ Officer or Employee — Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

✓ **HAND DELIVERED**

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
NITA M. LOWEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									x								X						
		182 Main Street, Dover, Delaware				X							X								X							
JT		CITIBANK, N.A.			X									X								X						
JT		CHEMICAL BANK		X										X							X							
		SERGEANT-AT-ARMS		X																								
JT		CITIBANK LANDMARK FUND						X				X												X				
JT		U.S. TREASURY NOTES AND BILLS							X					X											X			
		U.S. TREASURY NOTES AND BILLS						X						X									X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NITA M. LOWEY

S, DC, JT	BLOCK A Asset and/or Income Source — Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK D Transaction (X)
	ALBANY COUNTY NY BONDS		X										X						X								
	MTA NY BONDS		X										X						X								
	MAC BONDS			X									X								X						
	NASSAU COUNTY NY BONDS ✓			X									X							X							
	NY POWER AUTHORITY BONDS		X										X						X								
	TRIBOROUGH BR. & TUNNEL AUTH.BDS.				X								X									X					
S	GILDER GAGNON & CO. ACCOUNT ✓						X				X		X	X									X				
S	EGS PARTNERS					X					X		X	X				X									
S	P. OPPENHEIMER INVESTMENT PTNSP.			X										X				X									
S	AMERICAN EXPRESS STOCK		X								X								X								
S	HARRIS CORP. STOCK		X								X								X								
S	INDUSTRIAL ACOUSTICS STOCK ✓		X								X							X									
S	LOWES COMPANIES STOCK		X								X							X									
S	TOYS 'R US STOCK		X																								
S	WHITMAN CORP. STOCK ✓		X																								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NITA M. LOWEY

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	MCO RESOURCES NOTE				X								X									X					
S	PRUDENTIAL MONEY MART		X								X								X								
S	MULTIMEDIA CORP.					X																					
S	EM NEW YORK PROPERTIES				X																						
S	BRANDON DRILLING PARTNERSHIP		X														Distribution	X									
	INTERIM FUND		X																								
S	PHYSICIANS PHARMACEUTICAL SERVICES		X																								
S	LOWEY DANNENBERG BEMPORAD & SELINGER, P.C.								X								SALARY			N/A							

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Reporting Individual's Name
NITA M. LOWEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	PURCHASES AND SALES IN NORMAL COURSE IN GILDER, GAGNON MANAGED	X	X						X			
	ACCOUNT. MANAGER HAS COMPLETE DISCRETION TO SELECT, BUY AND SELL											
	SECURITIES											
J	EGS PARTNERS	X							X			
J	DREYFUS TAX EXEMPT MONEY MARKET		X						X			

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
NITA M. LOWEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B	C	D	E	F	G	H
	Example: ABC Corporation Common Stock	X			10-12-89			X				
	TWEEDY BROWNE MANAGED ACCOUNT		X						X			
	ALBANY COUNTY NY BONDS	X				X						
	MTA NY BONDS	X				X						
	NY POWER AUTHORITY BONDS	X				X						
S	AMERICAN EXPRESS STOCK	X				X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B	C	D	E	F	G	H
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
NITA M. LOWEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	HARRIS CORPORATION STOCK	X				X						
S	LOWE'S COMPANIES STOCK	X				X						
S	TOYS 'R US STOCK	X				X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Nita M. Lowev

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18

NONE ☑

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Democratic Business Council Summer Meeting		Jul. 26-Jul29, 1990	Air fare from D.C. to Nantucket, returning to N.Y. lodging for self and spouse for three days	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
NITA M. LOWEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Westchester Community Opportunity Program
Director Director	American Jewish Committee Legal Awareness for Women
Director	Westchester Jewish Community Services

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation of payments by a former employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Nita M. Lowey

DATE (Month, Day, Year) 5/31/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 1:43
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

CHARLES JOHN LUKEN
(Full Name)

4801 Chapelridge Drive
Cincinnati, Ohio 45223
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Ohio District: 1st	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) ☒ Amendment	☐ Termination Termination Date:

UMC ✓ (Office Use Only) ⑥

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Taft, Stettinius & Hollister (Cincinnati, Ohio)	Salary	85,416.63	
	City of Cincinnati	Salary/Mayor	45,985.97	

For additional earned income, use next page

Reporting Individual's Name
CHARLES JOHN LUKEN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
		STAR BANK(Cincinnati, Ohio)		X										X						X								
		PROCTER & GAMBLE CO. STOCK		X								X								X								
		GRADISON & CO. (IRA ACCOUNT)			X									X							X							
		PROVIDENT BANK (IRA ACCOUNT) CINCI.,		X										X						X								
		GTE CORPORATION STOCK (IRA)		X								X								X								
		OHIO HOUSING AUTHORITY (BOND)		X										X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

CHARLES JOHN LUKEN

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset: Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	CENTENNIAL SAVING & LOAN CO., CINCI.,		X										X						X								
	TRANS OHIO SAVING, CINCINNATI, OHIO			X									X							X							
	FRANKLIN SAVINGS, CINCINNATI, OHIO		X										X					X									

Reporting Individual's Name
CHARLES JOHN LUKEN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒ XX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒ XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

CHARLES J LUKEN
1ST DISTRICT, OHIO

WASHINGTON OFFICE
ROOM 1632
LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2216

DISTRICT OFFICE
THE GWYNNE BUILDING, SUITE 1300
602 MAIN STREET
CINCINNATI, OH 45202
(513) 684-2723

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEE ON BANKING, FINANCE
AND URBAN AFFAIRS

SUBCOMMITTEE ON FINANCIAL
INSTITUTIONS SUPERVISION,
AND INSURANCE

SUBCOMMITTEE ON ECONOMIC
STABILIZATION

SUBCOMMITTEE ON POLICY
RESEARCH AND INSURANCE

COMMITTEE ON GOVERNMENT
OPERATIONS

May 30, 1991

INSIDE MAIL

Donnald K. Anderson, Clerk
U.S. House of Representatives
Room H-105
U.S. Capitol

✓
MC ⑤

Dear Donn:

Re: Amended Financial Disclosure Statement - 1990
Congressman Charles J. Luken
Ohio/1st District

Please amend my financial disclosure statement for 1990 to include the following:

IRA Account with Gradison & Co. includes all activity for 1990- see attached report.

Respectfully submitted,

CHARLES J. LUKEN
Member of Congress

RECEIVED
1991 JUN -4 AM 10:15
U.S. HOUSE OF

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

Reporting Individual's Name

CHARLES J. LUKEN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
CHARLES JOHN LUKEN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
LAWYER	TAFT, STETTINIUS & HOLLISTER (CINCINNATI, OHIO) EMPLOYEE

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒ XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/91

GPO: 1981 37-

2407

CONGRESSMAN LUKEN-CINCINNATI

05/22/91 13:12

002

Gradison

STATEMENT OF ACCOUNTS

[illegible] activity for 1990.

[illegible] December 31, 1990

GRADISON & CO C/F IRA ROL
CHARLES J LUKEN
4801 CHAPEL RIDGE
CINCINNATI OHIO 45223

Accounts Included In This Statement

Gradison Brokerage Account	# 34000003
Gradison Established Growth Fund	# 14430-01-00-8
Gradison Cash Reserves Trust	# 14430-06-00-3

[illegible]

	Year-To-Date
Taxable Income*	
Brokerage Dividends	600.00
Mutual Fund Income Dividends	485.24
Total Taxable Income	1,085.24
Federally Tax-Free Income	
Total Federally Tax-Free Income	0.00
Total Income	1,085.24

[illegible]

D

Brokerage Account	
Priced Securities Held In Account**	21,818.75
Net Brokerage Value	21,818.75
Gradison Mutual Funds	
Gradison Established Growth Fund	5,[illegible]
Gradison Cash Reserves Trust	4,[illegible]
Total Gradison Mutual Fund Value	10,[illegible].11
Total Value (All Accounts)	32,411.[illegible]

*IRA's and other qualified retirement plans are normally not federally taxable until the plan is distributed.

**Computerized pricing services are often unable to provide exact prices, and for certain securities, no prices are available. Prices are provided as a general guide to portfolio value. Municipal Bonds are priced near the end of each calendar quarter .... March, June, September, and December. Please contact your Financial Consultant for actual quotations.

The following are the net asset values (per share) or the yields of the Gradison Mutual Funds as of 12/31/90. Money market fund yields are shown for the past 7 day period ending on that date. Future yields will fluctuate. A prospectus containing more complete information may be obtained from your Financial Consultant and should be read carefully before investing. Some Gradison mutual funds are not offered for sale in certain states.

Gradison Cash Reserves Trust	7.31%	Gradison Established Growth Fund	$16.65
Gradison U.S. Government Trust	7.23%	Gradison Opportunity Growth Fund	$12.46
Heron Tax-Free Reserves, Inc.	5.52%	Gradison Government Income Fund	$12.83

For brokerage information, call your Financial Consultant at the number listed above or 800-869-5826 (toll-free outside the Cincinnati area). For mutual fund service, call your Financial Consultant or 579-5700 during regular business hours. 24-hour mutual fund information is available by calling TeleFund 24: 579-5050 (Local), 800-869-5890 (Outside Cincinnati).

05/22/91 13:14 CONGRESSMAN LUKEN-CINCINNATI 003

Gradison

STATEMENT OF ACCOUNTS

[illegible]

Account Type	Quantity	Description	Estimated Current Price	Estimated Current Market Value	Symbol Or Code
Cash	800	DUFF & PHELPS UTILITIES INCOME INCORPORATED	8.750	6,250.00	DNP
Cash	100	GTE CORPORATION	29.250	2,925.00	GTE
Cash	50,000	CERTIFICATES OF ACCRUAL TREASURY SECURITIES SERIES S DS 02/15/06	23.125	13,543.75	150804E53
		TOTAL CASH ACCOUNT:		21,818.75	
		**TOTAL ESTIMATED NET MARKET VALUE OF PRICED SECURITIES:		21,818.75	

Trade Date	Settlement Date	Transaction	Quantity	Description	Price	Amount	Balance
				OPENING BALANCE			0.00
1/2	1/2	CASH DIVD		TULTEX CORPORATION ON 400		+30.00	
1/2	1/2	CHECK SENT		TRANSFER TO GCR		-30.00	0.00
1/10	1/10	CHECK SENT		TRANSFER TO GCR		-60.00	
1/10	1/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+60.00	0.00
2/12	2/12	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+30.00	
2/12	2/12	CHECK SENT		TRANSFER TO GCR		-30.00	0.00
3/12	3/12	CHECK SENT		TRANSFER TO GCR		-30.00	
3/12	3/12	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+30.00	0.00
4/2	4/2	CASH DIVD		TULTEX CORPORATION ON 400		+30.00	
4/2	4/2	CHECK SENT		TRANSFER TO GCR		-30.00	0.00
4/10	4/10	CHECK SENT		TRANSFER TO GCR		-30.00	
4/10	4/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+30.00	0.00
5/10	5/10	CHECK SENT		TRANSFER TO GCR		-30.00	
5/10	5/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+30.00	0.00

Gradison

STATEMENT OF ACCOUNTS

Trade Date	Settlement Date	Transaction	Quantity	Description	Price	Amount	Balance
				ON 800			
6/11	6/11	CHECK SENT		TRANSFER TO GCR		-38.00	0.00
7/2	7/2	CASH DIVD		TULTEX CORPORATION ON 400		+38.00	
7/2	7/2	CHECK SENT		TRANSFER TO GCR		-38.00	0.00
7/10	7/10	CHECK SENT		TRANSFER TO GCR		-38.00	
7/10	7/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+38.00	0.00
	8/8	JOURNAL		1990 ANNUAL IRA FEE		-30.00	-30.00
8/9	8/9	RECEIVED		TRANSFER FROM GCR		+30.00	0.00
8/10	8/10	CHECK SENT		TRANSFER TO GCR		-38.00	
8/10	8/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+38.00	0.00
9/10	9/10	CHECK SENT		TRANSFER TO GCR		-37.08	
8/31	9/10	YOU BOUGHT	100	GTE CORPORATION	25.750	-2,643.74	
8/31	9/10	YOU SOLD	400	TULTEX CORPORATION	6.875	+2,642.82	
9/10	9/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+38.00	0.00
10/1	10/1	CASH DIVD		TULTEX CORPORATION ON 400		+30.00	
10/1	10/1	CHECK SENT		TRANSFER TO GCR		-30.00	0.00
10/10	10/10	CASH DIVD		DUFF & PHELPS SELECT UTILITIES ON 800		+38.00	
10/10	10/10	CHECK SENT		TRANSFER TO GCR		-38.00	0.00
11/12	11/12	CASH DIVD		DUFF & PHELPS UTILITIES INCOME INCORPORATED ON 800		+38.00	
11/12	11/12	CHECK SENT		TRANSFER TO GCR		-38.00	0.00
12/10	12/10	CHECK SENT		TRANSFER TO GCR		-38.00	
12/10	12/10	CASH DIVD		DUFF & PHELPS UTILITIES INCOME INCORPORATED ON 800		+38.00	0.00
				CLOSING BALANCE			0.00

Gradison **STATEMENT OF ACCOUNTS** [illegible]

[illegible]

	Year-To-Date
Dividends	800.00

As a result of increasing costs, we must increase our service charge on Brokerage purchases and sales to $2.50, effective January 15, 1991.

End of Brokerage Account

[illegible]

[illegible]

The Fund paid an income dividend of $.01 per share to shareholders of record 12/28/90. The dividend was reinvested on 12/31/90 unless you elected a cash distribution.

Date	Type of Transaction	Dollar Amount	Share Price	Shares This Transaction	Total Shares You Own
	Beginning Share Balance				[illegible]
2/23	Income Dividend $.0[illegible]/share	$19.64	17.34	1.133	[illegible]
2/23	Capital Gains Dividend $.0[illegible]/share	$12.7[illegible]	17.34	0.7[illegible]	[illegible]
5/25	Capital Gains Dividend $.[illegible]/share	[illegible]	17.71	[illegible]	[illegible]
8/31	Income Dividend $0.0[illegible]/share	[illegible]	15.[illegible]	[illegible]	[illegible]
11/30	Income Dividend $.[illegible]/share	[illegible]	15.47	[illegible]	[illegible]
11/30	Capital Gains Dividend $0.0[illegible]/share	[illegible]	15.47	1.[illegible]	[illegible]
12/31	Income Dividend $0.01/share	$3.75	15.85	0.237	[illegible]

Total Value Of Your Account
$5,[illegible].83

Reinvested Income Dividends:	Dollar Amount
For the period: 12/03/90 through 12/31/90	$3.75

Total Distributions:	Tax-Free Dividends	Income Dividends	Long-Term Capital Gain
Year to date: 1990		$153.89	$126.82

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 13 [illegible] 8 08

ALFRED A. McCANDLESS
(Full Name)

2422 Rayburn HOB
Washington, DC 20515
(Mailing Address)

INSIDE MAIL

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 37th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) 5

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM	Pension	$6,908.04	

For additional earned income, use next page

Reporting Individual's Name
ALFRED A. McCANDLESS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generates $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income															Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alter-native valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S., DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			FIDELITY SAVINGS & LOAN ASSOCIATION					X							X									X					

For additional assets and unearned income, use next page

Reporting Individual's Name

ALFRED A. McCANDLESS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	FIRST NATIONAL BANK IN COACHELLA	Personal line of credit		X					

Reporting Individual's Name

ALFRED A. McCANDLESS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging self and spouse	

---

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ALFRED A. McCANDLESS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☒ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☒ No ☐ NA ☐

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SIGNATURE OF REPORTING INDIVIDUAL
Alfred A McCandless

DATE (Month, Day, Year)
MAY 9, 1991

GPO 1991 37-566 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

1991 MAY 15 PM 3:19

U.S. HOUSE OF REPRESENTATIVES

Frank McCloskey
(Full Name)

P.O. Box 7
(Mailing Address)

Smithville, Indiana 47458

Filer Status	☒ Member of the U.S. House of Representatives State: Indiana District: 8th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

HAND DELIVERED

mc (Office Use Only) (5)

In all sections, please type or print clearly in black ink.

PART I--EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Direct Marketing Assn., Miami, FL (01-21-90)	Speech	$1500.00	
	Nat'l Assn. of Postmasters, Washington, D.C. (02-21--90)	Speech	$1000.00	
	Mail Handlers, Washington, D.C. (03-06-90)	Speech	$1000.00	
	Assn. of U.S. Postal Lessors, Washington, D.C. (05-16-90)	Speech	$1000.00	
	American Postal Workers Union, Las Vegas, NV (07-29-90)	Speech	$2000.00	
	Nat'l Assn. of Letter Carriers, New Orleans, LA (08-20-90)	Speech	$2000.00	
	Direct Marketing, Washington, D.C.(09-25-90)	Speech	$2000.00	
	Mail Handlers Council, Washington, D.C. (10-02-90)	Speech	$2000.00	
	CNA Insurance, Rockville, MD (12-19-90)	Tour & Speech	$2000.00	
	Childhood Development Association	Spouse Salary	NA	

For additional earned income, use next page

2416

Reporting Individual's Name

Frank McCloskey

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

			BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name

Frank McCloskey

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☒ XX

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright-Patman Congressional Credit Union	Loan	X						

Reporting Individual's Name
Frank McCloskey

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE XX

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Direct Marketing Assn.		01-21-90 01-22-90	Roundtrip Air from Washington, D.C. to Miami, FL, one night lodging & food, cab fare self	
American Postal Workers Union		07-29-90 07-30-90	Roundtrip Air from Indianapolis, IN to Las Vegas, NV one night lodging & food self	
American Postal Workers Union		07-29-90 07-30-90	Roundtrip Air from Sacramento, CA to Las Vegas, NV one night lodging & food spouse	
Nat'l Assn. of Letter Carriers		08-20-90 08-21-90	Roundtrip Air from Indianapolis, IN to New Orleans, LA one night lodging & food self	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Frank McCloskey

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature. **NONE** XX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23. **NONE** XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Frank McCloskey

DATE (Month, Day, Year) May 15, 1991

GPO: 1991 37-580 (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

Bill McCollum a/k/a Ira William McCollum, Jr.
(Full Name)

600 Thistlewood Court, Longwood, Florida 32779
(Mailing Address)

Filer Status ☒ Member of the U.S. House of Representatives State: Florida District: 5th ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

[illegible] MAY 14 [illegible] 12 18

HAND DELIVERED

MC (Office Use Only) 10

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA (continued on Page 2 of Part I-Honoraria)

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Mid-Citco Incorporated (2/5/90)	Speech	$ 2,000	
	National Cable Television Association (2/7/90)	Seminar participation	1,500	
	American Bankers Association (2/16/90)	Speech	2,000	
	American Farm Bureau Federation (2/28/90)	Speech	2,000	
	International Mass Retail Association, Inc. (3/1/90)	Speech	1,500	
	The Brookings Institution (5/24/90)	Speech	400	
	Can Manufacturers Institute (5/31/90)	Speech	2,000	
	National Restaurant Association (6/11/90)	Speech	1,000	
	American Council of Life Insurance (7/12/90)	Speech	1,000	
	Pfizer (8/14/90)	Meeting, speech to employees, facility tour	1,000	

For additional earned income, use next page

Reporting individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed) (Page 2 of 2)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Conference of State Bank Supervisors (9/20/90)	Speech	$ 1,000	
National Check Cashers Association (11/8/90)	Speech	2,000	
Securities Industry Association (12/17/90)	Speech	2,000	
American Council of State Savings Supervisors (12/26/90)	Speech	1,500	
Executive Enterprises, Inc., Bank Tax Institute (12/28/90)	Speech	1,000	
TOTAL HONORARIA		$21,900	

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock		X								X								X								X
	Examples: George Wash. Credit Union Accounts			X									X								X						
	Examples: 182 Main Street, Dover, Delaware				X							X								X							
	40 acres real property, Hernando County, FL (60% interest)				X					good faith estimate							no income from it										
	Barnett Bank accounts			X									X							X							
	U.S. Clearing Corporation	X									X								X								
	Eubanks, Hilyard, et al, P.A. Profit Sharing Plan			X							X		X	X							X						
	IRA - Vanguard Fiduciary Trust Prime Portfolio		X								X								X								
DC	SunTrust Stock		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

S. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Oak Industries Stock		X														no income										
	Oracle Systems Corp Stock		X														no income										X
	Quantum Corp Stock	X												X								X					X
	Oracle Jan 20 Call Options	X												X					X								X
	Oracle May 15 Call Options	X												X						X							X
	OEX June 345 Call Options	X												X					X								X
	OEX July 340 Put Options	X												X					X								X
	OEX July 350 Call Options	X												X					X								X
	OEX Sept 300 Put Options	X												X							X						X
	OEX Oct 295 Call Options	X												X							X						X
	OEX Oct 290 Put Options	X												X					X								X

BILL McCOLLUM
5TH DISTRICT, FLORIDA

VICE CHAIRMAN
REPUBLICAN CONFERENCE

COMMITTEE ON
BANKING, FINANCE AND
URBAN AFFAIRS

COMMITTEE ON
THE JUDICIARY

Congress of the United States
House of Representatives
Washington, DC 20515

2453 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2176

DISTRICT OFFICE:
SUITE 301
1801 LEE ROAD
WINTER PARK, FL 32789
(407) 645-3100

FROM LAKE COUNTY TOLL FREE
383-8541

(12)

HAND DELIVERED

✓
MC

June 3, 1991

The Honorable Louis Stokes, Chairman
Committee on Standards of Official Conduct
U.S. House of Representatives
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Lou:

This letter serves to respond to the correspondence of May 21 which you and Jim Hansen sent reporting on the examination by your office of my most recent Financial Disclosure Statement for 1990. I have reviewed the checklist attached to this letter and have found only one amendment needed, but I will run through an explanation for you and your staff of the other items on the checklist for clarification. Also enclosed you will find the single copy of my 1990 Financial Disclosure Statement which was returned to me with the checklist and which is one of the three copies I submitted originally by the May 15 deadline.

Please accept this letter as an amendment to Part VII for the dates of the travel, food and lodging for a speaking engagement reimbursed by the Securities Industry Association; the correct dates of this trip are 5/17-18/90. The original Disclosure erroneously listed only 5/17/90 by oversight.

On the checklist your staff indicates that under Part II SunTrust stock was disclosed in 1990, but not in 1989. My retained copy of the Financial Disclosure Statement I filed for 1989 on page three of the continuation sheets under Part III, "Holdings," lists at the bottom of that page all of the SunTrust stock that is listed on the 1990 Disclosure Statement as owned by my three dependent children. I am quite sure that my copy is an accurate duplication of what is on file in the Clerk's office, but should your staff upon further review of my 1989 Disclosure Statement not be able to verify this I would appreciate being advised further so that I may reconcile this matter.

It is true that the transactions column is checked for Oracle Jan 20 Call Options under Parts II and III, and that there is no corresponding listing of a transaction for these options under Part IV. The reason for this apparent discrepancy is tnat these options were purchased for less than $1,000 and sold for less

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IV—TRANSACTIONS

P=Purchase S=Sale
(continued on pages 2 and 3 of Part IV-Transactions)

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Quantum Corp Stock		X		1-8-90	X						
	Quantum Corp Stock		X		1-10-90	X						
	Quantum Corp Stock	X	X		1-16-90 P 3-1-90 S		X					
	Quantum Corp Stock	X	X		1-30-90 P 6-14-90 S		X					
	America West Airlines Stock		X		12-4-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IV—TRANSACTIONS (Page 2 of 3) P=Purchase S=Sale

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	OEX Jan 310 Call Options	X	X		1-16-90 P 1-17-90 S		X					
	Chemical Waste Mar 17.5 Call Options	X	X		2-2-90 P 2-7-90 S	X						
	OEX March 325 Put Options	X	X		3-12-90 P 3-16-90 S	X						
	OEX April 315 Put Options	X	X		4-2-90 P 4-3-90 S	X						
	OEX May 330 Call Options	X	X		4-16-90 P 4-16-90 S	X						
	Oracle May 15 Call Options	X	X		4-24-90 P 5-4-90 S	X						
	OEX June 345 Call Options	X	X		6-4-90 P 6-4-90 S	X						
	OEX June 345 Put Options	X	X		6-6-90 P 6-7-90 S	X						
	OEX June 350 Call Options	X	X		6-5-90 P 6-7-90 S	X						
	OEX July 340 Put Options	X	X		6-14-90 P 6-29-90 S	X						
	OEX July 350 Call Options	X	X		7-13-90 P 7-16-90 S	X						
	OEX July 350 Call Options	X			7-17-90	X						
	McDonalds Aug 30 Call Options	X	X		7-23-90 P 7-24-90 S	X						
	OEX Aug 335 Put Options	X	X		7-26-90 P 7-31-90 S	X						
	Disney Aug 120 Call Options	X			7-31-90	X						
	OEX Aug 330 Put Options	X	X		8-2-90 P 8-2-90 S	X						
	OEX Aug 325 Call Options	X			8-7-90	X						
	Tandem Aug 22.5 Call Options	X			7-17-90	X						

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IV—TRANSACTIONS (Page 3 of 3) P=Purchase S=Sale

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Quantum Aug 20 Call Options	X			8-8-90	X						
	OEX Sept 300 Put Options	X	X		9-10-90 P 9-18-90 S	X						
	OEX Sept 300 Put Options	X	X		9-18-90 P 9-20-90 S	X						
	OEX Oct 295 Call Options	X	X		9-27-90 P 10-1-90 S	X						
	OEX Oct 290 Put Options	X	X		10-5-90 P 10-10-90 S	X						
	OEX Oct 295 Call Options	X			10-10-90	X						
	Tandem Nov 10 Call Options	X			10-22-90	X						
	OEX Nov 305 Call Options	X			10-19-90	X						
	OEX Nov 305 Call Options	X	X		11-12-90 P 11-13-90 S	X						
	OEX Nov 300 Call Options	X	X		11-16-90 P 11-16-90 S	X						
	Delta Airlines Jan 55 Put Options	X	X		12-12-90 P 12-31-90 S	X						
	Oracle Systems Corp Stock	X			12-6-90	X						

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPOR

Post-it™ brand fax transmittal memo 7671 # of pages ▸ 2

To MARY / BILL	From SUE
Co.	Co.
Dept.	Phone #
Fax #	Fax #

Report the source, a brief description, and value of all … ection), aggregating $100 or more in value received by you, your spouse, and your dependent child from …

Exclusions: Gifts from relatives, gifts of personal … a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spc … ed not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	**Date(s)**	**Brief Description (Itinerary and Nature of Expenses)**	**Gift (X)**
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Cable Television Assoc.	1/12-14/90	Roundtrip Air Travel from Orlando to Los Angeles, 2 days food &	
		lodging (seminar participant, speaking engagement)	
Mid-Citco Incorporated	1/19-21/90	Air Travel from Orlando to Miami and from West Palm to Orlando,	
		car rental from Miami to West Palm, and 1 night food & lodging	
		(meeting, speaking engagement)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

(continued on page 2 of Part VII)

(Page 2 of 2)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute, Inc.		2/22-24/90	Roundtrip Rail Travel from Wash D.C. to Princeton, 2 days food & lodging for self & spouse (annual conference participant)	
Oliver Productions, Inc.		3/7/90	Roundtrip Air Travel from Wash D.C. to New York City (taping for television show)	
Securities Industry Association		5/17/90	Air Travel from Wash D.C. to Jacksonville, FL, car rental and 1 night food & lodging (meeting, speaking engagement)	
National Restaurant Association		5/18-19/90	Air Travel from Jacksonville to Chicago to Orlando, and 1 night food & lodging (speaking engagement, meeting)	
American Israel Public Affairs Comm		5/20/90	Roundtrip Air Travel from Orlando to Atlanta, and food (meeting, speaking engagement)	
American Council of State Savings Supervisors		5/31-6/1/90	Air Travel from Wash D.C. to SanAntonio to Orlando, and 1 night food & lodging (meeting, speaking engagement)	
Pfizer		7/19-20/90	Air Travel from Wash D.C. to Chicago to Orlando, and 1 night food & lodging (meeting, speaking engagement, facility tour)	
National Check Cashers Association		10/8/90	Roundtrip Air from Wash D.C. to Orlando, and food (meeting, speaking engagement)	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
(1) President	Bill McCollum Intern Program, Inc. (non profit for high school students)
(2) President	Committee on Limiting Terms, Inc. (non profit educational)
(3) President	Committee on Limiting Terms Lobby, Inc. (non profit educational)
(4) Board Member & Chairman	Missing Children Billboard Campaign, Inc. (non profit charity)
(5) Board Member	Education Foundation of State Bank Supervisors, Division of Conference of State Bank Supervisors

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1-3-81	There is no written or formal agreement, but my former law firm and its successor, Eubanks, Hilyard, et al, P.A., have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in the earnings of the plan.	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bill McCollum	May 10, 1991

GPO 1981 37-588 (m)

Financial Disclosure A-5

The Honorable Louis Stokes, Chairman
June 3, 1991
Page Two

than $1,000 although the profit was greater than $200. Since the sale of these options produced "unearned" income of greater than $200 I believe that I properly reported this activity under Parts II and III. However, since neither of the transactions involved a sum exceeding $1,000 I do not believe that a report of any transaction is required under Part IV.

On the checklist under Part IV, your staff indicates that a number of purchase transactions were not listed as assets under Part II, to wit: Disney August 120 Call Options; OEX August 325 Call Options; Tandem August 225 Call Options; Quantum August 20 Call Options; Tandem November 10 Call Options; and OEX November 305 Call Options. All of these options were purchased during 1990 for a sum exceeding $1,000, and all of them expired worthless during 1990 (this is why under Part IV only a purchase is indicated and not a sale). Since none of these items had a fair market value exceeding $1,000 as of the close of the year and none of them produced "unearned" income of $200 or more during the reporting period I do not believe that they need to be listed under Parts II and III. I can understand why somebody reviewing my statement could be confused since there is no place under Part IV to indicate that options have expired. If there is a preferable way to indicate this to avoid confusion in the future please advise.

Since these are new Disclosure Forms, I particularly appreciate the professional manner in which you and your staff have handled the checklist and verification process. I am sure that there will be some confusion as a result of the new format, for both the filers and those reviewing the statements.

Sincerely,

Bill McCollum

Bill McCollum
Member of Congress

Enclosures

BMcC/sel

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

'91 MAY 14 PM 12:18
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HAND DELIVERED

'91 JUN 13 AM 9:35

Bill McCollum a/k/a Ira William McCollum, Jr.
(Full Name)

600 Thistlewood Court, Longwood, Florida 32779
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: Florida District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

Mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA (continued on Page 2 of Part I-Honoraria)

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
Mid-Citco Incorporated (2/5/90)	Speech	$ 2,000	
National Cable Television Association (2/7/90)	Seminar participation	1,500	
American Bankers Association (2/16/90)	Speech	2,000	
American Farm Bureau Federation (2/28/90)	Speech	2,000	
International Mass Retail Association, Inc. (3/1/90)	Speech	1,500	
The Brookings Institution ([illegible]/24/90)	Speech	400	
Can Manufacturers Institute (5/31/90)	Speech	2,000	
National Restaurant Association (6/11/90)	Speech	1,000	
American Council of Life Insurance (7/12/90)	Speech	1,000	
Pfizer (8/14/90)	Meeting, speech to employees, facility tour	1,000	

For additional earned income, use next page

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed) (Page 2 of 2)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Conference of State Bank Supervisors (9/20/90)	Speech	$ 1,000	
National Check Cashers Association (11/8/90)	Speech	2,000	
Securities Industry Association (12/17/90)	Speech	2,000	
American Council of State Savings Supervisors (12/26/90)	Speech	1,500	
Executive Enterprises, Inc., Bank Tax Institute (12/28/90)	Speech	1,000	
TOTAL HONORARIA		$21,900	

Financial Disclosure A-1(a)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X								X								X								X
		George Wash. Credit Union Accounts			X									X								X						
		182 Main Street, Dover, Delaware				X							X								X							
✓		40 acres real property, Hernando County, FL (60% interest)				X					good faith estimate							no income from it										
✓		Barnett Bank accounts			X									X							X							
		U.S. Clearing Corporation	X									X								X								
		Eubanks, Hilyard, et al, P.A. Profit Sharing Plan			X							X		X	X							X						
		IRA - Vanguard Fiduciary Trust Prime Portfolio		X								X								X								
DC		SunTrust Stock		X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Oak Industries Stock		X														no income										
	Oracle Systems Corp Stock		X														no income										X
	Quantum Corp Stock	X												X								X					X
	Oracle Jan 20 Call Options	X												X					X								X
	Oracle May 15 Call Options	X												X						X							X
	OEX June 345 Call Options	X												X					X								X
	OEX July 340 Put Options	X												X					X								X
	OEX July 350 Call Options	X												X					X								X
	OEX Sept 300 Put Options	X												X							X						X
	OEX Oct 295 Call Options	X												X							X						X
	OEX Oct 290 Put Options	X												X					X								X

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

P=Purchase S=Sale

PART IV—TRANSACTIONS (continued on pages 2 and 3 of Part IV-Transactions)

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Quantum Corp Stock		X		1-8-90	X						
	Quantum Corp Stock		X		1-10-90	X						
	Quantum Corp Stock	X	X		1-16-90 P 3-1-90 S		X					
	Quantum Corp Stock	X	X		1-30-90 P 6-14-90 S		X					
	America West Airlines Stock		X		12-4-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IV—TRANSACTIONS (Page 2 of 3) P=Purchase S=Sale

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				
	OEX Jan 310 Call Options	X	X		1-16-90 P 1-17-90 S		X					
	Chemical Waste Mar 17.5 Call Options	X	X		2-2-90 P 2-7-90 S	X						
	OEX March 325 Put Options	X	X		3-12-90 P 3-16-90 S	X						
	OEX April 315 Put Options	X	X		4-2-90 P 4-3-90 S	X						
	OEX May 330 Call Options	X	X		4-16-90 P 4-16-90 S	X						
	Oracle May 15 Call Options	X	X		4-24-90 P 5-4-90 S	X						
	OEX June 345 Call Options	X	X		6-4-90 P 6-4-90 S	X						
	OEX June 345 Put Options	X	X		6-6-90 P 6-7-90 S	X						
	OEX June 350 Call Options	X	X		6-5-90 P 6-7-90 S	X						
	OEX July 340 Put Options	X	X		6-14-90 P 6-29-90 S	X						
	OEX July 350 Call Options	X	X		7-13-90 P 7-16-90 S	X						
	OEX July 350 Call Options	X			7-17-90	X						
	McDonalds Aug 30 Call Options	X	X		7-23-90 P 7-24-90 S	X						
	OEX Aug 335 Put Options	X	X		7-26-90 P 7-31-90 S	X						
	Disney Aug 120 Call Options	X			7-31-90	X						
	OEX Aug 330 Put Options	X	X		8-2-90 P 8-2-90 S	X						
	OEX Aug 325 Call Options	X			8-7-90	X						
	Tandem Aug 22.5 Call Options	X			7-17-90	X						

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IV—TRANSACTIONS (Page 3 of 3) P=Purchase S=Sale

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S,DC,JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Quantum Aug 20 Call Options	X			8-8-90	X						
	OEX Sept 300 Put Options ✓	X	X		9-10-90 P 9-18-90 S	X						
	OEX Sept 300 Put Options ✓	X	X		9-18-90 P 9-20-90 S	X						
	OEX Oct 295 Call Options ✓	X	X		9-27-90 P 10-1-90 S	X						
	OEX Oct 290 Put Options ✓	X	X		10-5-90 P 10-10-90 S	X						
	OEX Oct 295 Call Options ✓	X			10-10-90	X						
	Tandem Nov 10 Call Options	X			10-22-90	X						
	OEX Nov 305 Call Options	X			10-19-90	X						
	OEX Nov 305 Call Options —	X	X		11-12-90 P 11-13-90 S	X						
	OEX Nov 300 Call Options —	X	X		11-16-90 P 11-16-90 S	X						
	Delta Airlines Jan 55 Put Options —	X	X		12-12-90 P 12-31-90 S	X						
	Oracle Systems Corp Stock ✓	X			12-6-90	X						

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

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To MARY / BILL	From SUE
Co.	Co.
Dept.	Phone #
Fax #	Fax #

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPOR

Report the source, a brief description, and value of all … section), aggregating $100 or more in value received by you, your spouse, and your dependent child from

Exclusions: Gifts from relatives, gifts of personal … a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spc … ed not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Cable Television Assoc.	1/12-14/90	Roundtrip Air Travel from Orlando to Los Angeles, 2 days food &	
		lodging (seminar participant, speaking engagement)	
Mid-Citco Incorporated	1/19-21/90	Air Travel from Orlando to Miami and from West Palm to Orlando,	
		car rental from Miami to West Palm, and 1 night food & lodging	
		(meeting, speaking engagement)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

(continued on page 2 of Part VII)

(Page 2 of 2)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute, Inc.		2/22-24/90	Roundtrip Rail Travel from Wash D.C. to Princeton, 2 days food & lodging for self & spouse (annual conference participant)	
Oliver Productions, Inc.		3/7/90	Roundtrip Air Travel from Wash D.C. to New York City (taping for television show)	
Securities Industry Association		5/17/90	Air Travel from Wash D.C. to Jacksonville, FL, car rental and 1 night food & lodging (meeting, speaking engagement)	
National Restaurant Association		5/18-19/90	Air Travel from Jacksonville to Chicago to Orlando, and 1 night food & lodging (speaking engagement, meeting)	
American Israel Public Affairs Comm		5/20/90	Roundtrip Air Travel from Orlando to Atlanta, and food (meeting, speaking engagement)	
American Council of State Savings Supervisors		5/31-6/1/90	Air Travel from Wash D.C. to SanAntonio to Orlando, and 1 night food & lodging (meeting, speaking engagement)	
Pfizer		7/19-20/90	Air Travel from Wash D.C. to Chicago to Orlando, and 1 night food & lodging (meeting, speaking engagement, facility tour)	
National Check Cashers Association		10/8/90	Roundtrip Air from Wash D.C. to Orlando, and food (meeting, speaking engagement)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
(1) President	Bill McCollum Intern Program, Inc. (non profit for high school students)
(2) President	Committee on Limiting Terms, Inc. (non profit educational)
(3) President	Committee on Limiting Terms Lobby, Inc. (non profit educational)
(4) Board Member & Chairman	Missing Children Billboard Campaign, Inc. (non profit charity)
(5) Board Member	Education Foundation of State Bank Supervisors, Division of Conference of State Bank Supervisors

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1-3-81	There is no written or formal agreement, but my former law firm and its successor, Eubanks, Hilyard, et al, P.A., have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in the earnings of the plan.	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bill McCollum

DATE (Month, Day, Year): May 10, 1991

GPO: 1991 37-586 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 13 AM 11:01
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jim McCrery
(Full Name)

429 Cannon HOB, Washington, DC 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: LA District: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

MC (Office Use Only) O

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	NONE			

For additional earned income, use next page

Reporting Individual's Name

Jim McCrery

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	IRA, Commercial Nat'l. Bank, Shreveport, LA			X																							

For additional assets and unearned income, use next page

Reporting Individual's Name

Jim McCreery

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☒

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

			Category of Amount of Value (X)						
S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

JIM McCRERY
4TH DISTRICT, LOUISIANA

BUDGET COMMITTEE
TASK FORCES
DEFENSE, FOREIGN POLICY AND SPACE
URGENT FISCAL ISSUES

ARMED SERVICES
SUBCOMMITTEES
RESEARCH AND DEVELOPMENT
MILITARY INSTALLATIONS AND FACILITIES
MILITARY PERSONNEL AND COMPENSATION

Congress of the United States
House of Representatives
Washington, DC 20515

429 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2777

DISTRICT OFFICES
821 EDWARDS STREET
SHREVEPORT, LA 71101
(318) 226-5080

110 EAST LULA STREET
LEESVILLE, LA 71446
(318) 238-4550

1991 MAY 14 10:37

May 14, 1991 HAND DELIVERED

① ✓ MC

The Honorable Donnald K. Anderson
Clerk of the House
C/O Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Don:

Yesterday I submitted my 1990 Financial Disclosure Report, yet unintentionally failed to include a trip I took during that year. Please accept this letter as an amendment to my 1990 report.

On January 11-14, 1990, I traveled to Miami, Florida for a conference. My trip was sponsored jointly by the Greater Miami Chamber of Commerce, the City of Miami, Dade County, and the Port of Miami. The expenses paid were round trip travel between Washington, D.C. and Miami, three nights lodging, and four days of meals.

Thank you very much for your attention on this matter.

Sincerely,

Jim McCrery
Member of Congress

Reporting Individual's Name
Jim McCrery

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Cong. Institute		Feb 22-24, 1990	Roundtrip Train Travel from Wash, DC to Princeton, NJ 3 days food & lodging	
Louisiana Electric Coops, Inc		April 26, 1990	Roundtrip Airfare Washington DC to New Road., LA and lunch	
The Cong. Institute*		Nov. 30, Dec 1-2, 1990	Roundtrip Bus Travel from Wash, D.C. to St Michaels, Md 3 days food & lodging	

*Additional sponsors - Texaco USA, International Paper Inc., BellSouth, Corp., Motorola, Inc, and Hecht, Spencer & Associates.

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jim McCrery

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Jim McCrery

DATE (Month, Day, Year)
April 13, 1991

GPO 1991 37-580 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] Y 15 PM 3:44

Dave McCurdy
(Full Name)

2344 RHOB, Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: OK District: 4	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

HAND DELIVERE

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Private Medical Practice	Spouse Fees	NA	
	Brookings Institution, Wash. D.C. (Jan. 10, 1990)	Honorarium	400	
	Pfizer, Inc., NYC, NY (Jan. 10, 1990)	"	1,000	
	SKF USA, Inc., Jamestown, N.Y. (Jan. 14, 1990)	"	2,000	
	Washington Institute, Wash., D.C. (Feb. 6, 1990)	"	2,000	
	American Home Products, Corp. NYC, NY (Feb. 8,'90)	"	1,000	
	Congressional Quarterly, Wash., D.C. (March 29,'90)	"	300	
	Textron, Inc., Lowell, Mass. (April 2, 1990)	"	2,000	
	Sikorsky Aircraft, Stratford, CT (April 23, 1990)	"	1,000	
	American Trucking Assoc., Wash., D.C. (May 2, '90)	"	1,000	

For additional earned income, use next page

Reporting Individual's Name

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Institute for Foreign Policy Analysis, Wash., D.C. (May 12, 1990)	Honorarium	500	
Burson-Marsteller, Wash., D.C. (May 24, 1990)	"	1,000	
Boeing Co., Philadelphia, PA (May 25, 1990)	"	2,000	
Environmental Research Institute of Michigan, Ann Arbor, MICH (June 12, 1990)	"	1,000	
Harris Corp., Wash., D.C. (July 2, 1990)	"	1,000	
LTV Corp., Dallas, TX (July 3, 1990)	"	2,000	
CL Global Partners Securities, Corp. New York, N.Y. (July 31, 1990)	"	1,000	
Connell Rice & Sugar, Westfield, N.J. (July 23, 1990)	"	2,000	
Texas Instruments, Dallas, TX (August 9, 1990)	"	2,000	
Aerospace Ind. Assoc., Wash., D.C. (Sept. 10, 1990)	"	1,000	
Brookings Institution, Wash., D.C. (Oct. 16, 1990)	"	500	
Technology Training Corp., Wash., D.C. (Dec. 5, 1990)	"	500	

Reporting Individual's Name

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE XX

BLOCK A Asset and/or Income Source				**BLOCK B** Valuation of Asset									**BLOCK C** Income																**Block D**
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE XXX

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fourth District Economic Development Task Force	Feb. 11-15, 1990	Roundtrip Air from Washington, D.C. to San Jose, CA to Los Angeles, CA, 4 days lodging, self	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** ☐ **No** ☒ **NA** ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** ☐ **No** ☒ **NA** ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Dave McCurdy

DATE (Month, Day, Year)
5/15/91

GPO 1991 37-598 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 13 PM 3:46
U.S. [illegible] REPRESENTATIVES

HAND DELIVERED

Joseph Michael McDade
(Full Name)

2370 Rayburn HOB, Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: PA District: 10th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) ⑨

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples.	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Harris Electronics (1/3/90)	Speech	$1,000	
	Textron (2/21/90)	"	$1,000	
	GPU (2/7/90)	"	$1,000	
	Tenneco Management Co. (1/29/90)	"	$2,000	
	AT&T (2/12/90)	"	$2,000	
	Rockwell International (2/14/90)	"	$2,000	
	Talley Defense Systems (2/15/90)	"	$2,000	
	Hughes (5/31/90)	"	$2,000	
	TRW (6/6/90)	"	$2,000	
	Northrup (3/6/90)	"	$2,000	

For additional earned income, use next page

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Reporting Individual's Name
Joseph M. McDade

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (Include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Textron (5/23/90)	Speech	$2,000	
Avondale Industries (4/11/90)	"	2,000	
Bollinger Machine Shop (4/12/90)	"	2,000	
Varo (4/25/90)	"	2,000	
Optic Electronic (4/17/90)	"	1,000	
Electronics Industries Assoc. (7/30/90)	"	1,000	X ($982)
Florida Power & Light (6/15/90)	"	1,000	X
Aerospace Industries Assoc. (7/9/90)	"	2,000	X
Shipbuilders Council of America (8/17/90)	"	1,000	X
Nat. Assoc. for the Self Employed (10/19/90)	"	1,000	X
Philip Morris (11/27/90)	"	1,000	X
E-Systems (12/12/90)	"	2,000	X
AEL Industries (12/17/90)	"	2,000	X

Reporting Individual's Name

Joseph M. McDade'

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	Paris Business Forms		X								X								X								
JT	U.S. Treasury Bills			X									X								X						X
S	U.S. Treasury Bills		X										X						X								X
	T.Rowe Price Prime Reserve (money mark)			X							X										X						
JT	Wright Patman CU (money markets checking, IRAs)				X								X								X						
	Washington Pederal S&L (IRA)			X									X						X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Joseph M. McDade

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	307 Clark Ave.Clarks Summit PA (half home/half rented)									x		x										x					
	Dean Witter Funds (IRAs,growth fund,zero coupon,money markets) (x)		x								x							x									x
JT	Mortgage on land,Luzerne CntyPA					x						o					[illegible] from Billboard on land w/ [illegible]	x				o					x
	Land in Luzerne County, PA		x									x					(from Billboards)				x						
	Citizens Savings Assoc.Scranton					x							x							x							
	Northeastern Bank of PA Scranton, PA					x							x										x				
	Penn Security Bank,Scranton PA					x							x							x							
	Third National Bank,Scranton PA					x							x							x							
	First National Community Bank Dunmore, PA					x												x									
	T. Rowe Price Equity Income stock fund (pension)			x							x			x						x							
	Fidelity Spartan Money Market (pension)				x						x										x						x

Parts II and III Assets and unearned income Joseph M. McDade

EXPLANATION of Valuation of Asset:

307 Clark Ave. was purchased on October 28, 1976 for $42,500.
All homes in that old neighborhood are very different. We do not know its current value.

Reporting Individual's Name
Joseph M. McDade

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
-	US Treasury bills (reported differently under assets Spouse had one - JT had two)([illegible])	x	x		5/31/90 [illegible]			x				
JT	Sale of land in Luzerne County (90)Exchange finished (91)		x	x	7/13/90						x	
JT	Mortgage takeback on land sold in Luzerne County (no payments scheduled- duein full in 10 years)				7/13/90				x			
	Dean Witter Zero Coupon Bonds matured -IRA transferred to money market IRA		x		11/15/90	x						
	US Treasury Note (pension)		x		6/30/90	x						
	FIDELITY SPARTAN MONEY MARKET (PENSION)	X			3/90		X					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	PNC Mortgage Servicing Co. Louisville, KY	Mortgage on 307 Clark Ave.		x					

Reporting Individual's Name
JOSEPH McDADE

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Allied Signal Aerospace Co.	2/12,2/15 2/16/90	Air Travel NYC to L.A. to Phoenix to Wash,D.C. 1 day food & lodging	
Textron	4/10/90 4/13/90	Air Travel-Wash, D.C. to Dallas to Wash,D.C.	
Avondale Shipyard	4/10 to 4/11/90	2 Meals,1/2 1 night's lodging & 1/2 roundtrip air travel from Dallas to New Orleans	
Bollinger Shipyard	4/10/to 4/11/90	1 Meal, 1/2 of 1 night's lodging & 1/2 of roundtrip air travel from Dallas to New Orleans	
Electronics Industries Assoc.	6/14 to 6/15/90	Roundtrip air travel from Wash, D.C. to Irvington,VA one night's lodging and two meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Continuation Sheet Part VII Reimbursements Joseph M. McDade

Danny Thompson Memorial Golf Tournament - substantial participant in charity event to raise funds for leukemia. August 20,23,24,25: One way airfare for spouse and self, 3 nights lodging and 3 dinners

Reporting Individual's Name
Joseph M. McDade

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Kennedy Center for the Performing Arts
"	Keystone Junior College
"	Fords Theatre
"	Robert Packer Hospital,Pennsylvania

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 13 May 91

GPO 1991

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

RECEIVED
1991 MAY 15 PM 2:58
U.S. HOUSE OF REPRESENTATIVES

James A. McDermott
(Full Name)

Post Office Box 20265, Seattle, Washington 98102
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Washington District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

HAND DELIVERED (7)
(Office Use Only)

In all sections, please type or print clearly in black ink. PLEASE NOTE: The information reported herein reflects the fact that Rep. and Mrs. McDermott were divorced in April, 1990.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source (include date of receipt for honoraria)	**Type**	**Amount**	**Mark (X) if directed or paid to charity**
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
James A. McDermott

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	162 Main Street, Dover, Delaware				X							X								X							
	American Pace Fund/mutual fund		X								X							deferred/retirement acct									
	Hutton PRC Tech Partners		X								X							X									
	Manhattan Fund/mutual fund		X								X							deferred/retirement acct									
	Mutual Shares Corporation		X								X							X									
	Mutual Shares Corporation		X										X					X									
	Fidelity Cash Reserve Fund		X								X							X									

For additional assets and unearned income, use next page

Reporting Individual's Name

James A. McDermott

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Security Pacific Bank money market account		X										X						X								
	Carlyle Limited Real Estate Partnership XII		X										X					X									
	Carlyle Limited Real Estate Partnership XIII			X									X					X									
	State of Washington Deferred Compensation Program		X										X					deferred/retirement acct.									
	State of Washington Retirement Account			X									X					deferred/retirement acct.									
	US Treasury obligations/bonds			X									X					deferred/retirement acct.									
	Fidelity Select Money Market Fund		X										X					deferred/retirement acct.									
	Mellon Partners Limited Partnership (stock)	X									X							deferred/retirement acct.									
	Schwab Money Market Fund		X										X					X									
	Sound Savings & Loan Assn.		X										X					X									
	Wash. State Employees Credit Union	X											X					X									
	Keystone Provident Annuity				X								X					deferred/retirement acct.									
	Fidelity Bankers Life Annuity		X										X					deferred/retirement acct.									
	TIAA-CREF Annuity			X									X					deferred/retirement acct.									
	Mutual Shares mutual fund		X								X							X									

Reporting Individual's Name

James A. McDermott

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Penn Mutual Fund		X		05/10/90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
James A. McDermott

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Nat'l. Urban Homeless Conference		3-23-90	Roundtrip airfare from Wash. DC to Vancouver, Washington	
American Psychiatric Association		4-30-90	Roundtrip airfare from Wash. DC to New York City, and taxifare	
So. California Psychiatric Society		4-28-90	One-way airfare from Wash. DC to Los Angeles to Seattle, and ground transportation fees.	
The Human Rights Project, Inc.		5-25-28-90	Roundtrip airfare from Wash. DC to San Salvador, El Salvador, 4 days food and lodging	
Washington Bankers Association		6-30-90	One-way airfare from Wash. DC to Sun Valley, Idaho to Seattle	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

CONTINUED ON ATTACHED SHEET

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT/ continued:

Source	Date(s)	Brief Description	Gift (x)
American College of Emergency Physicians	9-15-90	Roundtrip airfare from Washington, DC to San Francisco, and taxifare	
The Human Rights Project, Inc.	11/8-14/90	Roundtrip airfare from Wash. DC to Havana, Cuba, 7 days food and lodging	

Reporting Individual's Name
James A. McDermott

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Sponsors	Washington Physicians for Social Responsibility
Member, Panel of Advisors	The Maritime Museum
Member, Board of Advisors	World Affairs Council

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 13, 1990

GPO: 1991 37-088 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 JUN 17 PM 4:50
U.S. [illegible]

HAND DELIVERED

MC ⑥

(Office Use Only)

HON. BOB McEWEN
(Full Name)

2431 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Ohio District: 6th	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Mead Imaging (2/5/90)	Honoraria	$ 1,000	
	Regular Common Carrier Conference (3/7/90)	Honoraria	2,000	
	PACCAR (3/23/90)	Honoraria	2,000	
	Ashland Oil (4/9/90)	Honoraria	2,000	
	American Road & Transportation Builders Assn. (4/18/90)	Honoraria	1,500	
	Food Marketing Institute (4/20/90)	Honoraria	1,000	
	Gannett Outdoor (4/20/90)	Honoraria	2,000	
	National Stone Association (4/24/90)	Honoraria	1,000	
	Ohio Bell (5/2/90)	Honoraria	1,000	
	American Trucking Association (5/2/90)	Honoraria	1,000	

For additional earned income, use next page

Page 1 of 6 pages

Reporting Individual's Name
HON. BOB McEWEN

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Assn. Christian Schools International (5/2/90)	Honoraria	$ 300.	
Regular Common Carrier (5/8/90)	Honoraria	2,000	
Association of American Railroads (5/8/90)	Honoraria	500	
Ashland Oil (5/16/90)	Honoraria	2,000	
Philip Morris (7/2/90)	Honoraria	1,000	
Ohio Mining & Reclamation Assn. (7/10/90)	Honoraria	2,000	
van Kloberg & Associates (8/2/90)	Honoraria	1,000	
RJR Nabisco (9/13/90)	Honoraria	2,000	
van Kloberg (12/3/90)	Honoraria	1,500	
CSX Assn. American Railroads (12/18/90)	Honoraria	500	
TOTAL HONORARIA RECEIVED		27,300	
HONORARIA DONATED TO CHARITY			$ 450

Page 2 of 6 pages

Reporting Individual's Name

HON. BOB McEWEN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	BLOCK B Valuation of Asset: Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
Examples:	George Wash. Credit Union Accounts			X									X								X						
Examples:	182 Main Street, Dover, Delaware				X							X								X							
	314-316 Ida Circle, Lynchburg, Ohio			X								X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name

HON. BOB McEWEN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
HON. BOB McEWEN

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
HON. BOB McEWEN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)	Yes ☐	No ☒	NA ☐
EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)	Yes ☐	No ☒	NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	June 17, 1991

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

HON. BOB McEWEN
(Full Name)

2431 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Ohio District: 6th	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date:

(5)

√ HAND DELIVERED

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(Office Use Only)

In all sections, please type or print clearly in black ink.

HAND DELIVERED

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$600	X
ABC Corporation	Director's Fee	$8,000	
Fairfax County Board of Education	Spouse Salary	NA	
Mead Imaging (2/5/90)	Honoraria	$ 1,000	
Regular Common Carrier Conference (3/7/90)	Honoraria	2,000	
PACCAR (3/23/90)	Honoraria	2,000	
Ashland Oil (4/9/90)	Honoraria	2,000	
(4/18/90) American Road & Transportation Builders Assn.	Honoraria	1,500	
Food Marketing Institute (4/20/90)	Honoraria	1,000	
Gannett Outdoor (4/20/90)	Honoraria	2,000	
National Stone Association (4/24/90)	Honoraria	1,000	
Ohio Bell (5/2/90)	Honoraria	1,000	
American Trucking Association (5/2/90)	Honoraria	1,000	

For additional earned income, use next page

Page 1 of 6 pages

2477

Reporting Individual's Name
HON. BOB McEWEN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
	314-316 Ida Circle, Lynchburg, Ohio			X								X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name

HON. BOB McEWEN

PART IV—TRANSACTIONS

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S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

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Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

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	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
HON. BOB McEWEN

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

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NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

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Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
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	ABC Corporation	Aug. 6–8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*[illegible] to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
HON. BOB McEWEN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) June 17, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

[illegible] MAY 15 PM 1:17
U.S. [illegible] REPRESENTATIVES

HAND DELIVERED

RAYMOND J. McGRATH
(Full Name)

205 CANNON HOB, WASHINGTON, D.C. 20515-3205
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives — State: New York District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 8

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples: Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
XYZ Magazine (Aug. 13, 1990)	Article	$500	X
ABC Corporation	Director's Fee	$6,000	
Fairfax County Board of Education	Spouse Salary	NA	
American Financial Services Assn.	Spouse Salary	NA	
Circle E Leaseways Corp.	Spouse Salary	NA	
Smokeless Tobacco Council	Speech	$1000	
Tobacco Institute	Speech	$2000	
Mutual of New York	Speech	$2000	
American Society of Association Executives	Speech	$2000	
Electronics Industry Association	Speech	$1000	
United States Tobacco	Speech	$2000	
The Equitable Life Assurance Society	Speech	$ 500	
New York State Telephone Assn.	Speech	$1500	

Reporting Individual's Name
Rep. Raymond J. McGrath

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
National Assn. of Life Underwriters	Speech	$2000	
AFL-CIO Maritime Trades Dept.	Speech	$1500	
National Assn. of Federal Credit Unions	Speech	$ 750	
Corning	Speech	$ 500	
Phillip Morris	Speech	$1000	
Phoenix Mutual	Speech	$2000	
United States Telephone Assn.	Speech	$1000	
Wine Institute	Speech	$1000	
Marine Engineers Beneficial Assn./American Maritime Officers	Speech	$2000	
American Council of Life Insurance	Speech	$1000	
Coalition Against Regressive Taxation	Speech	$2000	

Reporting Individual's Name

Raymond J. McGrath

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).			Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
JT			Wright Patman Congressional Federal Credit Union Savings Acct.		X										X						X								
			Bank of New York Savings & Checking Act.		X										X						X								
			Putnam Fund for Growth		X								X			X				X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Rep. Raymond J. McGrath

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Wright Patman Congressional Federal Credit Union	Personal Loan	X						

Reporting Individual's Name
Rep. Raymond J. McGrath

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 13.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED LISTING				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

REP. RAYMOND J. McGRATH

PART VII--"REIMBURSEMENTS AND GIFTS OF TRANSPORTATION LODGING, FOOD, ENTERTAINMENT

SOURCE	DATE	DESCRIPTION
Mutual of New York	Jan. 4-7 1990	Air fare DC to San Diego and San Diego to Las Vegas for self and round trip between DC and San Diego for spouse for speech to MONY execs. 3 days food and lodging
Electronics Industry Association	Jan. 7-9, 1990	One way air fare Las Vegas to D.C. for speech 2 days food and lodging
Tobacco Institute	Jan. 18-21, 1990	Round trip air fare for self and spouse between DC and Palm Springs for speech at Legislative Conference 2 days food and lodging (Congressman paid for one day.)
United States Tobacco	Feb. 2-4, 1990	Round trip air fare between DC and Palm Beach for speech 3 days food and lodging
AFL-CIO Maritime Trades Dept.	Feb. 17-19, 1990	Round trip air fare between D.C. and Miami for speech 2 days food and lodging
New York State Telephone Association	Mar. 5, 1990	Round trip air fare between DC and Albany for speech
Corning Glass	Mar. 9-11, 1990	Round trip air fare between DC and Augusta for speech 2 days food and lodging
Phoenix Mutual	Mar. 29-30, 1990	Round trip air fare between DC and Fort Lauderdale for speech 1 day food and lodging

Part VII continued...

SOURCE	DATE	DESCRIPTION
American Financial Services Assn.	May 17-20, 1990	Round trip air fare to accompany spouse on business trip to her employer's annual conference
North Dakota Rural Electric Cooperatives	June 14-15, 1990	One way air fare DC to Fargo and return air fare from Bismark to DC for series of speeches in Congress to the Country Program 1 day food and lodging
New York State Business Council	June 28-July 1, 1990	Round trip air fare self and spouse between DC and Albany to attend meeting (Lodging provided by personal friend.)
American International Group	Sept. 6-7, 1990	Round trip air fare between DC and New York for speech 1 day food and lodging

RAYMOND J. McGRATH
5TH DISTRICT, NEW YORK

MEMBER
COMMITTEE ON
WAYS AND MEANS
SUBCOMMITTEE ON
SELECT REVENUE
MEASURES
SUBCOMMITTEE ON
OVERSIGHT

Congreſs of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
ROOM 205
CANNON HOUSE OFFICE BUILDING
(202) 225-5516

DISTRICT OFFICE
203 ROCKAWAY AVENUE
VALLEY STREAM, NY 11580
(516) 872-9550

HAND DELIVERED

May 22, 1991

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1991 MAY 28 AM 8 46
U.S. HOUSE OF REPRESENTATIVES

Clerk
Office of Records and Registration
1036 Longworth HOB
HAND DELIVER

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MC

Dear Sir or Madam:

In transfering information onto my financial disclosure forms, the dates of receipt of my honoraria were omitted.

Enclosed is a complete list of the honoraria including the date each payment was received.

Please include this letter and the enclosure with my statement on May 15, so that it will be complete.

I regret any inconvenience this oversight has caused.

Sincerely,

Ray McGrath

Raymond J. McGrath
Member of Congress

RMc:ad
Encls.

REP. RAYMOND J. McGRATH

1990 HONORARIA SUMMARY

DATE RECEIVED	AMOUNT	SOURCE
1/4/90	$1000	Smokeless Tobacco Council
1/19/90	$2000	Tobacco Institute
1/17/90	$2000	Mutual of New York
1/29/90	$2000	American Society of Assn. Executives
2/3/90	$1000	Electronics Industry Assn.
2/5/90	$2000	United States Tobacco
1/29/90	$ 500	The Equitable Life Assurance Society
3/5/90	$2000	Natl. Assn. of Life Underwriters
2/27/90	$1500	Maritime Trades Dept. AFL-CIO
3/9/90	$ 750	Natl. Assn. of Federal Credit Unions
3/24/90	$ 500	Corning
3/30/90	$1000	Phillip Morris
4/18/90	$2000	Phoenix Mutual
3/15/90	$1000	United States Telephone Assn.
5/31/90	$1000	Wine Institute
5/18/90	$2000	Marine Engineers Beneficial Assn./ American Maritime Officers
6/5/90	$1000	American Council of Life Insurance
6/21/90	$2000	Coalition Against Regressive Taxation

Reporting Individual's Name
Rep. Raymond J. McGrath

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

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SIGNATURE OF REPORTING INDIVIDUAL Raymond J. McGrath	DATE (Month, Day, Year) May 15, 1991

GPO 1991 3[illegible] (m)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

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U.S. [illegible]

HAND DELIVERED

MC

(Office Use Only) ⑨

Matthew F. McHugh
(Full Name)

2335 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Filer Status	☒ Member of the U.S. House of Representatives State: New York District: 28	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$600	X
	ABC Corporation	Director's Fee	$5,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Divi Hotels, N.V.	Director's Fee	$1,000	

For additional earned income, use next page

Reporting Individual's Name
Matthew F. McHugh

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S., DC., JT Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
JT	One-half interest in real property				X					X		X										X					
	at 983 Taughannock Blvd., Ithaca,																										
	NY, including lot & 3 units--																										
	total price when purchased in																										
	April 1981 was $118,500																										
JT	One-half interest in real property				X					X		X										X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Matthew F. McHugh

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	at 5211 & 5213 Village Lake,																										
	Sarasota, FL, including 2 units--																										
	total price when purchased in																										
	June 1981 was $125,550																										
JT	Shearson Lehman Bros. Moneymarket Fund		X								X									X							
	Vanguard Moneymarket Fund			X							X									X							
	Fidelity Cash Res. Moneymarket Fund		X								X							X									
	Fidelity Gov't. Securities Fund		X										X					X									
JT	Triborough Bridge Authority Bond		X										X						X								
JT	Syracuse, NY School Bond		X										X						X								
	Dreyfus NY Bond Fund		X										X						X								
	Fidelity Global Bond Fund		X								X								X								
	Fidelity Select Elec. Utilities Fund		X								X							X									
	Scudder International Fund		X								X								X								
	Vanguard S.P. Energy Fund		X								X								X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Matthew F. McHugh

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Providence S&L Assn. Accounts		X										X						X								
S	Chevy Chase Savings Bank Account		X										X					X									
	American Bar Assn. Retirement Account																										
	Money Market Account			X									X						X								
	Aggressive Equity Mutual Fund		X																								
	IRA Account with Shearson Lehman Bros.																										
	American Express Moneymarket Acct.	X									X							X									
	Appreciation Equity Mutual Fund		X								X			X				X									
	CATS Zero Coupon Bond		X																								
	CATS Zero Coupon Bond		X																								
	CATS Zero Coupon Bond		X																								
S	IRA Account with Shearson Lehman Bros.																										
	American Express Moneymarket Acct.		X								X							X									
	Appreciation Equity Mutual Fund	X									X			X				X									
	Five percent equity interest in		X																								

Reporting Individual's Name: Matthew F. McHugh

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Douglas and Chamberlain Corp.,																										
	whose assets consist of contribu-																										
	tions from shareholders and whose																										
	sole purpose is to purchase and																										
	own one piece of real estate. The																										
	interest was purchased in about																										
	August 1988 for $13,500																										

Reporting Individual's Name

Matthew F. McHugh

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Syracuse, NY School Bond	X			06-29-90	X						
	Dreyfus NY Bond Mutual Fund	X			01-31-90	X						
	Vanguard U.S. Treasury Bond Mutual Fund		X		03-05-90	X						
	Fidelity Government Securities Mutual Fund	X			12-24-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	First Federal S&L Assn. of Rochester, NY	½ mortgage on 983 Taughannock Blvd.		X					
		Ithaca, New York							
JT	Crossland Mortgage Corp. Salt Lake City, Utah	½ mortgages on 2 units of real		X					
		property at 5211 & 5213 Lake Village,							
		The Meadows, Sarasota, Florida							

Reporting Individual's Name
Matthew F. McHugh

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Select American Gold Mutual Fund		X		12-24-90	X						
	Scudder International Mutual Fund	X			01-24-90	X						
	Vanguard S.P. Energy Mutual Fund	X			03-05-90	X						

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

Matthew F. McHugh

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Motors Corporation	Set of Civil War video tapes	$110 (approx.)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute	Jan.10-15,	Roundtrip air travel from Washington, DC to Jamaica, including	
	1990	food and lodging for self and spouse, to attend Conference	
		on U.S.-Soviet Relations	
Democratic National Committee	June15-17,	Roundtrip air travel from Washington, DC to Santa Fe, NM,	
	1990	including food and lodging, to attend meeting	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Matthew F. McHugh

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director--resigned during	Divi Hotels, N.V.
1990	
Director and officer	Douglas and Chamberlain Corporation

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Matthew F. McHugh

DATE (Month, Day, Year) 5-7-91

GPO: 1991 37-380 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

1991 MAY 15 PM 5: 37
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

JOHN ALEXANDER McMILLAN . III
(Full Name)
401 CANNON HOB
WASHINGTON , D.C. 20515
(Mailing Address)

Filer Status	☑ Member of the U.S. House of Representatives	State: N.C. District: 9	☐ Officer or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC (Office Use Only) 23

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	CONNAUGHT GROUP, LTD., NEW YORK	SPOUSE SALARY	NA	
	SECURITIES INDUSTRY ASSN. 10/10/90	SPEECH HONORARIA	2,000	
	THE TOBACCO INSTITUTE 6/27/90	"	2,000	
	THE FOOD MARKETING INST. 5/2/90	"	2,000	
	AMERICAN BUSINESS FASHIONS 9/6/90	"	250	
	COLLEGE OF AMERICAN PATHOLOGISTS 9/6/90	"	1,000	
	UNITED FRESH FRUIT + VEGETABLE ASSN 9/14/90	"	1,000	

For additional earned income, use next page

Reporting Individual's Name
JOHN ALEXANDER McMILLAN 5

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).				Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			RUDDICK CORP. - COM. STK.			X							X								X								
			FIRST UNION CORP. - COM. STK.		X								X								X								
			TRUST U/A - 1ST UNION N.B.																										
			SALEM MASTER FUND												X						X								X Buy/Sale
			TAX-EXEMPT BOND FUND												X							X							
			"													X					X	(LOSS)							X SALE

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,201)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	COMMON STK. FUND										X									X							
	"													X								X	(LOSS)				X BUY/SALE
	COMMON STK. GROWTH FD										X									X							
	"													X						X	(LOSS)						X BUY/SALE
	SOUTHEASTERN SAVINGS BK																										
	COM. STK.													X								X	(LOSS)				X SALE
	HUTTON TIMBER PARTNERS, LTD.		X														ORDINARY	X	(LOSS)								
	"												X					X									
	"													X				X									
	McMILLAN CO. - SUB-S	X															ORDINARY	X		(LOSS)							
	JUSTICE OIL & GAS, LTD.		X														ORDINARY	X		(LOSS)							
	SILVER BOULLION		X										NA														
	ALEX BROWN CASH RESERVE	X									X							X									X BUY/SALE
	JAM - IRA ACCOUNT :																										
	HUNT MFG. - COM. STK.		X								X							X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JOHN ALEXANDER McMILLAN

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	McGRAW HILL - COM. STK.		X								X								X								
	WATTS INDS. - COM. STK.		X										NA														X BUY
	ALEX BROWN CASH RCS.	X									X							X									X BUY
	JAMES M. MYERS - FULL																										
	DISCRETION ACCOUNT(1):																										
	ALEX BROWN - CO. CASH RES.		X								X								X								X BUY SALE
	ALBERTO CULVER - COM. STK.		X								X							X									X BUY
	AMERICAN HOME PRODUCTS - COM.		X										NA														X BUY
	BANDAG - COM. STK.		X										NA														X BUY
	BERKSHIRE HATHAWAY - COM. STK.		X										NA														X BUY
	BRISTOL MYERS - COM. STK.		X								X							X									X BUY
	CLOROX - COM. STK.		X								X							X									X BUY
	COLGATE PALMOLIVE - COM. STK.		X								X							X									X BUY
	CRAWFORD & CO. - COM. STK.		X								X							X									X BUY
	WALT DISNEY - COM. STK.		X								X							X									X BUY

(1) SEE ATTACHED AGREEMENT (SCHEDULE A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	EMERSON ELECTRIC-COM. STK		X										NA														X BUY
	EQUIFAX - COM. STK.		X										NA														X BUY
	GILLETTE - COM. STK.		X								X							X									X BUY
	HANNAFORD - COM. STK.		X								X							X									X BUY
	HERSHEY - COM. STK.		X								X							X									X BUY
	HUMANA - COM. STK.		X								X							X									X BUY
	INTERPUBLIC - COM STK.		X										NA														X BUY
	JOHNSON ~ JOHNSON - COM. STK.		X								X							X									X BUY
	LAWSON PRODUCTS - COM. STK.		X										NA														X BUY
	LOCTITE PROD. - COM. STK.		X										NA														X BUY
	MINNESOTA MIN. + MFG. C. STK		X								X							X									X BUY
	NALCO CHEM - COM. STK.		X										NA														X BUY
	NUCOR - COM. STK.		X										NA														X BUY
	PEPSICO - COM. STK.		X										NA														X BUY
	PHILIP MORRIS - COM. STK.		X										NA														X BUY

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	PREMIER IND. CORP. - COM. STK.		X										NA														X BUY
	RUBBERMAID - COM. STK.		X								X							X									X BUY
	SEALRIGHT CO. - COM. STK.		X										NA														X BUY
	UST - COM. STK.		X										NA														X BUY
	WARNER LAMBETH - COM. STK.		X								X							X									X BUY
	WASTE MGMT. - COM. STK.		X										NA														X BUY
	WATTS INDS. - COM. STK.		X								X							X									X BUY
	CONGRESSIONAL FED CR. UN.		X										X					X									X SALE BUY
	LOT #8 FIG. 8 ISLAND - 66% INT.					X				EST. MKT VAL.			NA														
S	SOUTHEASTERN SAVINGS BK.		X										X					X									
S	CONG. FED. CREDIT UNION	X											X					X									
S	RUDDICK CORP. - COM. STK.		X								X							X									
S	SOUTHEASTERN SAV. BK - COM. STK.													X					X								X SALE
S	LULLWATER SYNDICATE - COM. STK.		X							EST. MKT. VAL.	X							X									
S	SILVER BULLION		X										NA														

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John Alexander McMillan

S, DC, JT	BLOCK A Asset and/or Income Source Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
S	Trust U/A - 1st Union N.B.:																										
	Nuveen Tax-Exempt Fund.		X										X						X								X Buy Sell
	N.C. Housing Fin. Agency Bd.		X										X						X								
	N.C. Highway Bd.		X										X						X								
	Tax-Exempt Bond Fund					X							X									X					X Buy Sell
	Common Stk. Fund.					X					X										X						X Buy
	"													X					X								
S	Lot # 8. Figure 8 Island - 34%				X								N/A														
S	Health Care Props. - Ltd.	X								Net Asset Val.			X						X								
	"																Ordinary		X	(Loss)							
S	Furman Co. - 25% Interest																										
	Rental Properties.																										
	Minyard			X													Net Rental Income										
	Smugglers Inn.				X																	X					
S	McMillan Co. - Sub-S	X															Ordinary	X									

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	LIBERTY LIFE TRUST - 25% INTEREST																										
	IRREVOCABLE TRUST - LIBERTY																										
	CORP. COM. STK.						X				X											X					
S	R.E. HOUSTON RESIDUARY TRUST -																										
	25% INTEREST			X	[redacted]								X						X								
S	BOYCE AUB. TRUST.																										
	25% INTEREST - EXXON COM. STK.		X								X								X								
	- MONEY MKT FD.		X										X						X								
S	CHM - IRA																										
	U.S. TREAS. BILLS		X										X						X								
	MONEY MKT. FUND		X										X						X								

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	TRUST U/A 1st UNION N.B.	[illegible]			[illegible]							
	SALEM MASTER FUND 8	X			VARIOUS				X			
	" 8		X		VARIOUS				X			
	TAX-EXEMPT BOND FUND		X		9/17/90			X				
	COMMON STOCK FUND	X			2/8/90	X						
	"		X		9/17/90			X				
	COMMON STOCK GROWTH FUND	X			2/8/90	X						
	"	X			3/8/90	X						
	"	X			4/6/90	X						
	"		X		9/17/90			X				
	SOUTHEASTERN SAVINGS BANK		X		12/25/90	X		(LOSS)				
	ALEX BROWN - CASH RESERVE ACT. 268-00221	X			12/17/90	X						
	JAM - IRA ACCOUNT											
	WATTS INDUSTRIES - COM. STK.	X			10/18/90	X						
	ALEX BROWN - CASH RESERVE ACT - 269-83402	X				X						
	"		X		10/18/90	X						
	JAMES M. MYERS - FULL DISCRETION ACCOUNT											
	ALEX BROWN - CASH RESERVE ACT - 268-00202	X			Various 18				X			
	"		X		18 Various				X			

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Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	COLGATE PALMOLIVE CO. - COM. STK.	X			9/17/90	X						
	GILLETTE CO. - "	X			9/17/90	X						
	HUMANA, INC. - "	X			9/17/90	X						
	BRISTOL MYERS - "	X			9/18/90	X						
	CLOROX CO. - "	X			9/19/90	X						
	CRAWFORD - CO. - "	X			9/19/90	X						
	JOHNSON - JOHNSON - "	X			9/19/90	X						
	ALBERTO - CULVER CO. - "	X			9/20/90	X						
	HERSHEY FOODS CORP. - "	X			9/21/90	X						
	PEPSICO, INC. - "	X			9/21/90	X						
	RUBBERMAID, INC. - "	X			9/21/90	X						
	WALT DISNEY CO. - "	X			9/27/90	X						
	LOCTITE CORP. - "	X			10/2/90	X						
	WASTE MANAGEMENT, INC. - "	X			10/2/90	X						
	BERKSHIRE - HATHAWAY, INC. - "	X			10/5/90	X						
	NUCOR CORP. - "	X			10/9/90	X						
	BANDAG, INC. - "	X			10/15/90	X						
	WARNER LAMBERT CO. - "	X			10/15/90	X						

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Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	PHILIP MORRIS COS. - COM. STK.	X			10/19/90	X						
	MINNESOTA MINING · MFG. Co. - "	X			10/25/90	X						
	WASTE MANAGEMENT, INC. - "	X			10/25/90	X						
	WATTS INDUSTRIES, INC. - "	X			10/30/90	X						
	INTERPUBLIC GROUP COS. - "	X			11/13/90	X						
	EMERSON ELECTRIC CO. - "	X			11/19/90	X						
	HANNAFORD BROS. CO. - "	X			11/19/90	X						
	LAWSON PRODUCTS, INC. - "	X			11/19/90	X						
	PREMIER INDUSTRIAL CORP. - "	X			11/19/90	X						
	SEALRIGHT CO. INC. - "	X			11/19/90	X						
	NALCO CHEMICAL CO. - "	X			11/21/90	X						
	EQUIFAX, INC. - "	X			12/6/90	X						
	AMERICAN HOME PRODS. CORP. - "	X			12/26/90	X						
	UST, INC. - "	X			12/26/90	X						

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE - (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	SOUTHEASTERN SAVINGS BANK - COM. STK.		X		12/25/90	X		(LOSS)				
S	TRUST U/A 1ST UNION NAT. BANK											
	NUVEEN MONEY MKT. FUND	X			VARIOUS		X					
	"		X		VARIOUS		X					
	TAX-EXEMPT BOND FUND	X			6/30/90	X						
	"		X		8/31/90	X						
	"		X		11/30/90	X						
	COMMON STOCK FUND	X			8/31/90	X						
		X			10/31/90	X						
		X			11/30/90	X						

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Reporting Individual's Name
JOHN ALEXANDER McMILLAN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-18-80			X				

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Reporting Individual's Name
JOHN ALEXANDER McMillan III

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
SEE SCHEDULE ATTACHED – (SCHEDULE B)		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CAROLINA POWER & LIGHT Co		1/2/90	AIR TRAVEL FROM WASH., D.C. to RALEIGH, N.C	
SPEECH TO EMPLOYEES				
CONGRESSIONAL INSTITUTE		2/22-24/90	CONGRESS OF TOMMORROW CONFERENCE, Round-	
			trip WASH/PRINCETON, N.J, ROOM & BOARD	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
TRUSTEE	DARDEN GRADUATE SCHOOL OF BUSINESS ADMN. – UNIV. OF VA.
MEMBER	BOARD OF VISITORS – UNIV. OF N.C. AT CHARLOTTE
DIRECTOR	CENTER FOR PUBLIC TELEVISION – UNIV. OF NORTH CAROLINA
PRESIDENT	McMILLAN COMPANY.

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
J. Alex McMillan III

DATE (Month, Day, Year)
9/15/91

SCHEDULE A

JAMES M. MYERS RESEARCH

Ideas For The Enterprising Investor

P.O. BOX 35416
120 COTTAGE PLACE

CHARLOTTE, NORTH CAROLINA 28235

704-333-1710
N.C. TOLL FREE 1-800-632-[illegible]

268-00202-17

DISCRETIONARY

Gentlemen:

This will confirm your employment as Investment Counsel to supervise and manage the investment of the assets designated by us. The assets in this account may be placed with such custodian or broker as we may from time to time designate, and we understand that you shall not at any time have physical possession of any of our cash, securities, or other assets of this account. We also accept notice that you may act for other clients.

We designate James M. Myers & Co. as the custodian and/or broker for this account.

We authorize you, as you see fit, to direct the custodian and brokers from time to time whether, when, where and how to buy, sell, change, invest, reinvest, retain, or deposit any or all of the assets of this account, the proceeds thereof and additions to it, and you may take any action or non-action that you deem appropriate, without any other consent or authority from us, and you may exercise your discretion and deal in and with such assets exactly as fully and free as we ourselves might do as owners thereof; and such custodian and brokers are hereby authorized to rely upon your direction without further acknowledgement from us.

It is understood that you shall maintain records on our account and shall furnish quarterly statements showing the composition and market value of the account. You shall have no responsibility for monitoring those items requiring action by the holder such as voting rights, exercise of warrants and rights to subscribe to additional stock, or other items over which you have no control as a result of not maintaining custody.

You represent and warrant that James M. Myers Research is an Investment Adviser as defined in the Investment Advisers Act of 1940. Furthermore, you are a "fiduciary" (within the meaning of ERISA) with respect to Retirement Funds under your management, insofar as you are an "investment adviser" as defined in Section 3(38) of ERISA.

(Over)

DISCRETIONARY

We arrange to pay for your services an annual fee of 1%, which will be paid in installments at the end of each calendar quarter.

We acknowledge receipt of SEC Form ADV Part II and your brochure.

Neither party may assign this agreement without the written consent of the other. This agreement is subject to cancellation by either party upon 5 days written notice to the other.

The use of the words "we", "us" and "our" in this agreement shall include an individual, trust, partnership, or corporation, as is appropriate for the undersigned.

This 6th day of September, 19[illegible].

Accepted and agreed to as of the above date.

JAMES M. MYERS RESEARCH, INC.

BY: Vice President

John Alexander McMillan

SCHEDULE B

MASTER LIST FOR 1990

Gifts

One dozen heart-shaped sugar cookies Cong. Tim Valentine

4 Almond Crescent cookies L. J. Lite Cookie Co., New Mexico

1990 Membership Congressional Staff Club

Red tote filled with products Cosmetic, Toiletry and Fragrance Assn. $185.00

One dozen chocolate frosted cookies National Retail Baker's Week

FACING THE COSTS OF LONG-TERM CARE Employee Benefit Research Inst 34.95

Outdoor Power Equipment Safety poster, Outdoor Power Equipment Inst., Inc.

DISTANT NEIGHBORS
and LIMITS TO FRIENDSHIP H. E. Butt Grocery Co. 10.95

ALMANAC OF SEAPOWER, 1990, Navy League of the U. S.

AMERICAN HERITAGE 15.95

NEWSWEEK, Special Edition, Massachusetts Mutual 2.95

MYTH OF DEMOCRACY, Carol Publishing Group 11.95

Medicine bulletin on Uniformed Services University, VHS video

3 copies BLACK AMERICANS IN CONGRESS, 1870-1989, Commission of the Bicentenary of the U. S. HOR. Dedicated in Memory of Rep. Mickey Leland

Steering Committee Report and Recommendations of the Implementation of PIRO, Piro Implementation, Inc.

VOICES FROM THE FIELD, History of the National Association Life Underwriters

POSTMARK AMERICA, Story of The National Association of Postmasters of the U. S.

2 tickets Southern Spring Show, Charlotte. Joan and Robert Zimmerman	4.50
THE COUNCIL FOR RESPONSIBLE NUTRITION Navy blue gym bag with vitams; cold medicine; non aspirin, McKesson Corp.	38.00
Box assorted chocolates, Dairymen	11.25
Basket filled with products: coffee/coffee mug; jelly; mints. Philip Morris, USA/ Kraft Int'l./General Foods/Miller Brewing Co.	25.00
Tape of J. Peter Grace's speech, Citizens Against Government Waste	
THE POWER TO CHANGE, HOW TO MAKE INNOVATION A WAY OF LIFE, Federal Express	
GOOD HOUSEKEEPING, Commemorative issue	2.95
5 cigars, Marlboro lighter and publication, "PHILIP MORRIS COMPANIES' OUR COMMITMENT TO JOBS AND ECONOMIC GROWTH IN YOUR STATES. Philip Morris Co.	
Box Irish Cream Mints, National Association of Tobacco Distributors	
Complimentary pass to The Hermitage, Tennessee Cong. Bob Clement	
Green Bagel, Cong. Bruce Morrison	
Carowinds '90 Gold Pass, Carowinds Amusement Park	
CAPITAL GUIDE, 101st Congress, 2nd Session, Thad Woodard	
LIFE AFTER TELEVISION, The Coming Transformation of Media and American Life. Federal Express	11.95
Tote bag, 1990 Public Affairs Assembly; FMI/NAWGA/NACS	
Apothocary jar of hard candy, National Association Life Underwriters	
Wooden message-pad holder, Wood Preserving Industry	
White Azalea, William L. Hardin, Sr., Harden's Wholesale Florist Supply	25.00
GREEN LIFESTYLE HANDBOOK, Cong. Claudine Schneider	10.95
One fresh "banana" People Protecting Primates	.25
ON THE TRAIL OF THE ASSASSINS, Sheridan Square Press, N. Y.	19.95
Pine tree, Manville Corp	
U. S. INSTITUTE OF PEACE, Amb. Samuel W. Lewis, President	

INTERNATIONAL AFFAIRS FELLOWSHIP PROGRAM DIRECTORY 1967-1990 Council On Foreign Relations, N. Y.	
VIdeo-tape James Brady testimony before Senate Judiciary S/C	2.50
WHEN THE TAX MAN GOES TOO FAR, Cong. Phillip Crane distributed by Free American Foundation	8.00
One roll paper towels, Celebrating 20th Anniversary Earth Day. 100% recycled paper. Cong. Toby Roth, Mike Synar, Lindsay Thomas	
Box Nestle products: Stouffers Right Course Coupon; 7 candy bars; Instant tea; large box cocoa; jar instant coffee; sugar-free cocoa James Biggar, Pres/CEO Nestle Company	
1990 TASTING BOOK, Sonoma County Wineries Association, Cong. Doug Bosco	
SAY'S ALOT ABOUT US, video tape, Disabled American Veterans	
TWENTY FOUR KARAT, The Jack B. Kelley Story, autographed copy, Amarillo, Texas	
Austrian pine seedling, Sandoz Crop Protection Corp.	
Red plastic fire hat; Cong. Curt Weldon, Cong. Fire Services Caucus	
Green Thumb, Inc., Calendar/handbook. Quarterly Progress Report, October, November, December, 1989.	
1989 Golden Bulldog Award and cuff links, Watchdogs of the Treasury, Inc.	
Virginia pine seedling from White House Easter Egg Roll, Earth Corp. donated by International Paper Company	
THE EARTH DAY SPECIAL, Time-Warner, Inc.	3.50
2 Carolina Tarwheels Programs, 1989-1990, Dick Hoffman	
T-shirt, READ THEN RECYCLE AMERICA'S NEWSPAPERS, American Newspaper Publishers Association	7.00
SAVE OUR PLANET, Celestial Seasonings, Inc.	9.95
12 Telephone "Twisstop" cord untanglers. Cong/staff; Yadkin Valley Telephone Membership Corp.	
PHYSICAN'S DESK REFERENCE, Sandoz	42.95
Brass key chain, SAA International, Irving, Texas	
LILLIPUT IN ANTARTICA, Video Cassette, The Cousteau Society, Inc.	
The Cleveland Orchestra, cassette BP America	

ACCENT ON HUMOR. A LOOK AT THE LIGHTER SIDE OF PHILANTHROPY
National Philanthropy Day
5.50

PUNISHMENT SEASON, HUMAN RIGHTS IN CHINA AFTER MARTIAL LAW, Asia Watch

1989 Annual Report, Ford Foundation

1902-1988 Annual Report, Health Industry Distributors Association

1989 Annual Report, IP Timberlands, Ltd.

1989 THE WORLD OF INTERNATIONAL PAPER, Our 1989 Annual Report.
International Paper Co.

Annual Report, 1989, BASF

STATE OF THE WORLD, 1990. No letter or card attached. 9.95

12 golf balls for birthday, Ralph Vinovich, Tobacco Institute

Cuff link box, Barbara Lent, NYNEX

Bag Groceries listing proceeds to farmers on each product
Senator Kent Conrad, North Dakota
14.41

SUNSET Magazine, Lane Publishing Co.
1.95

THE SPENCER COLLECTION OF AMERICAN ART, Catalog, Spanierman Gallery

THE AMERICAN WOMAN, 1990-91, A Status Report. Women's Research and
Education Institute
10.95

NEW AMERICAN VIEW Subscription, The Anglican Orthodox Church

WETLANDS: OUR ENVIRONMENT, WHOSE PROPERTY? video. Produced by:
Pennsylvania Landowners Assn., Inc.

THE BOOK WARS, Federal Express

THE FARM FIASCO By James Bovard, Cong. Armey
18.95

Black plastic mug, Specialty Advertising Association, Irving, Texas

HALOCAUST II? SAVING ISRAEL FROM SUICIDE, Mission Publishing, Inc. 22.95

Yearly Pass, Grandfather Mountain

One package Florida peanuts, Cong. Bill Grant

One long-stemmed pnk rose, National Osteoporosis Foundation

Vegetables as Cropping Alternatives, Video; The Tri-State Project NC State
University Agriculture Extension Service

Music tape, Dr. David Welton, Charlotte	1.00
2 cans sweet potatoes, Sweet Potato Council of U. S.	
NEVER GIVE UP, John E. duPont	14.95
Birthday Cake, Sears Roebuck & Co.	18.95
Roosevelt Island Earth Day Program video, Cong. Duncan Hunter	
THE DAY BEFORE MIDNIGHT, no card or letter	18.95
Effects of 1991 Fee Rollback on Access to Primary Care Services	
Embossed blue leather 3 ring binder, birthday gift, GMA, Manly Molpus	40.00
Wooden plaque, Certificate of Merit; National Grocers Association	
Poster celebrating Baseball's birthday. Cong. Frank Guarini (D-NJ)	
Bright green marker; Specialty Advertisig Inc.	
Horned Owl; Bald Eagle and Brown Pelican prints, EarthTech '90, Technology Fair.	
THE COMPETITIVE ADVANTAGE OF NATIONS, Michael E. Porter	35.00
"One Day" Barbara Streisand's song introducted for Earth Day.	
Coffee mug, N. C. Ports Authority	
2 Kemper Golf Tickets, American Nuclear Energy Council	76.00
4 homemade cookies, Wilda Spalding, ADA vote.	
Teddy bear, Community Broadcasters Assn.	
EXPLOSION OF AMERICAN MUSIC 1940-1990 and compact disc of songs same period. BMI, Frances Preston, President/CEO	

Lombardi Golf Tournament: Dexter Golf Shoes; Canvas tote bag; 3 top flight balls; 1 golf hat (Metropolitan Life)
LaMode Windbreaker; Slava - wrist watch;

Congressional Golf Tournament:

Paid by Tournament Fee: 12 pound Luter Ham, Pat Jennings; Fifth Johnny Walker Red; Donations: Hat, Hoescht Celanese; Hat, Courthaulds Fibers; Hat, plain; Hat, Armana; Hat, Michelob; Plastic pancho; Pair Fashion sport socks; 6 pack" Budweiser Tees; bottle Sea Breeze Moisture Lotion; Ben Gay Sports Balm; Umbrella; 3 Titlists balls; Golf Hat, Federal Expresss; Lands-End polo shirt; RJR golf hat; 6 oreos; golf towel; 5 Schick Disposal Razors; 6 golf tees; 8 oz. Liquid Dial; 2 Pepperidge Farm Milano cookies; bar Dial Soap; 36 sticks Trident Gum; coppertone lip balm; 2 Armour All Protectant; 8 tees, turf repair, ball marker; 0.5 oz. Bausch & Lomb Artificial Tears; Eveready Handy Light; 0.5 oz. Eagle Peanuts; 4 pack Chips Ahoy cookies; 0.75 oz. All Purpose moisture lotion; 2 Armor All Car Wash; 10 Plastic Band-Aids; 2 1.74 oz. M&Ms; Gel Shave Cream; 2-0.5 oz. Packs Certs; Ultra Golf Ball.

From Members (Cong. Golf Tournament):

Cooler Bag; Gillette Razor, Cong. Moakley; Bottle Wine, Cong. Fazio; Maryland Hat; Breck Shampoo, Old Spice stick deodorant, Cong. Conte; 3 Mickey Mouse Golf Balls, 3 FMC Golf Balls; Bottle Stetson Cologne; Bottle Sand & Sable Cologne; Helen Curtis set of male cosmetics, Cong. Rostenkowski; 2 packages Alaskan Hunterstick with Reindeer Meat, Cong. Don Young; 19th Annual Congressional Golf Tournament cap, Cong. C. Stenholm.

POWER ABOVE THE LAW S&L BAILOUT?!?!?!, Jess A. Rodrigues no card or letter

BIORATIONAL PEST CONTROL, video, Sandoz Crop Protection

1990 FESTIVAL OF AMERICAN FOLKLIFE Official Program, Smithsonian Institution.

MACLEAN'S, Canada's weekly newsmagazine, James K. Warrillow, Publisher

2.25

LEADERS magazines, issue July, August, September, 1990. 3
separate publications. Henry O. Dormann, Pres/Editor In Chief

Republican Leadership Tournament:

Black nylon Republican Leader's Tournament tote bag, Food Marketing Institute; Johnson & Johnson First Aid Kit; Tournament Players Club, Avenel Gift Certificate, $18.00; Republican Leader's Tournament knit golf shirt; Mary Kay, Sunblock and Lip Protector; Foot-Joy gray golf socks; Pocket pack kleenex; 3 Golf Balls, Package 15 golf tees, $7.00.

2 cases beer, Bealer Wholesaler

Case Frito-Lay products

Hand-made quilt given by constituent.

ALEX McMILLAN
9TH DISTRICT
NORTH CAROLINA

[illegible]
ENERGY AND COMMERCE
COMMITTEE
BUDGET COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515

JUN 28 12:43
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

JUN 28 PM 2:06

June 29, 1991

MC ✓ ①

U. S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2; U. S. Capitol
Washington, D. C. 20515

Dear Colleagues:

Pursuant to your review, I submit the following amendments to my Financial Disclosure Statement for Calendar Year 1990, filed May 15, 1991:

Part II Assets: Rental properties identified as Minyard and Smugglers Inn are located on Pleasantburg Drive, Greenville, South Carolina.

Part III Unearned Income:
Hutton Timber Partners, Ltd. .025% interest
Gross Income: Less than $201.00
McMillan Company:
Gross Income: Less than $201.00
(s) McMillan Company:
Gross Income: Less than $201.00
Justice Oil and Gas, Ltd.:
Gross Income: Less than $201.00

Part IV Transactions:

Southeastern Savings Bank:
Amount of Transaction: Zero
(s) Southeastern Savings Bank:
Amount of Transaction: Zero

Very truly yours,

Alex McMillan
Member of Congress

AM/pkh

[illegible]
91 MAY 15 PM 2 18
[illegible]
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

Charles Thomas McMillen
(Full Name)

1167 Jeffrey Drive
Crofton, Maryland 21114
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State: Md District: 4	☐ Officer or Employee Employing Office
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date

MC (Office Use Only) (16)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	University of New Mexico (2/1/90)	Speech	1000.00	X
	R J R Nabisco (2/12/90)	"	2000.00	X
	Equitable Life Assurance (2/1/90)	"	2000.00	X
	Bldg. Owners & Managers Assn. International (3/23/90)	"	1000.00	X
	P.A.C. American Hospital Assn. (3/23/90)	"	2000.00	X
	National Assn. of Home Builders (3/23/90)	"	2000.00	X
	American Nuclear Energy Council (4/20/90)	"	300.00	X
	National Assn. of Broadcasters (4/27/90)	"	2000.00	X
	Smokeless Tobacco Council, Inc. (4/20/90)	"	1000.00	X
	Board of Trade City of Chicago (5/22/90)	"	1000.00	X

For additional earned income, use next page

Reporting Individual's Name
C. Thomas McMillen (1990)

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Chicago Research & Trading Group (5/22/90	Speech	2000.00	X
Chicago Merchantile Exchange (5/22/90)	"	750.00	X
Edison Electric Institute (5/22/90)	"	250.00	X
Communications Satelite Corp. (5/9/90)	"	2000.00	X
Chemical Specialties Mfg. (5/9/90)	"	500.00	X
U.S. Tobacco Company (6/26/90)	"	2000.00	X
Mid-Atlantic Alarm Security Assn., Inc. (6/29/90)	"	2000.00	X
National Cable T.V. Assn. (6/29/90)	"	1500.00	X
Telecommunications Industry Assn. (6/29/90)	"	1000.00	X
P.A.C. American Hospital Assn. (7/17/90)	"	2000.00	X
Nonprescription Drug Mfgs. Assn. (10/3/90)	"	1000.00	X
Phillip Morris Mgmt. Corp. (11/30/90)	"	2000.00	X
National Erectors Assn. (11/30/90)	"	500.00	X
Coopers & Lybrand (12/28/90)	"	2000.00	X
The Pipeline Dinner Group (12/31/90)	"	1000.00	X

Reporting Individual's Name

C. Thomas McMillen (1990)

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source: Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	BLOCK B Valuation of Asset — Category of Value (X): A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock		X								X								X								X
	George Wash. Credit Union Accounts			X									X								X						
	182 Main Street, Dover, Delaware				X							X								X							
S	National Basketball Assn.				X					*see Agreements							- Severance					X					
S	Simon and Schuster & Dupree & Miller Assn.									*see Agreements							- Book Royalties					X					
S	Union Drilling-1974-Lmtd Psh .0119%		X							FMV	X								X								
S	Union Drilling-1975-Lmtd Psh .0421%		X							"	X									X							
S	Union Drilling-1976-Lmtd Psh .0313%		X							"	X											X					
S	Union Drilling-1978-A-Lmtd Psh .046296%			X						"	X										X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

C. Thomas McMillen (1990)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Category of Value (X)									Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Union Drilling-1978-B-Lmtd Psh .019157%		x							FMV	x									x							
S	Union Drilling-1979-A-Lmtd Psh .015325%		x							"	x							x									
S	Union Drilling-1979-B-Lmtd Psh .015325%		x							"	x								x								
S	Union Drilling-1980-B-Lmtd Psh .015085%		x							"	x							x									
S	Union Drilling-1981-4-Lmtd Psh .021858%		x							"	x								x								
S	D C Drilling-Lmtd Psh .0590%	x								"	x								x								
S	D C Energy-Lmtd Psh .0345%	x								"	x							x									
S	V S Invstrs-Lmtd Psh .053%					x				"	x							x									
S	K B A Associates-L.P.-.019516%			x						"	x							x									
S	Plaza Vantage-L.P.- .0184%			x						NCV	x							x									
S	Potomac Hang/Bell Haven-L.P..028214%			x						FMV	x							x									
S	S W Invstrs-L.P.- .014%			x						"	x								x								
S	T V Invstrs-L.P.- .0162%			x						"	x							x									
S	Shore Cellular-L.P.(liquidated 1989)	x								n/a	x						Final Distribution		x								
S	McMillen Comm. Corp, Columbia Md Stock		x								x								x								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
C. Thomas McMillen (1990)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	McMillen Comm. Corp.- Note-Unsecured			x									x					x									
S	Fleet Credit Corp-CD	x											x								x						
S	Sovran/DC Natl Bk- Sav/CD			x									x						x								
S	American Security Bank - DC. MM	x											x										x				
S	United Bank, Crofton, Md. - CD/MM		x										x									x					
S	PAId in full G M Development, Ltd.- Note-unsecured	x											x &principal									x					x
S	Northwestern Mut. Life Ins Policy	x											x & principal Cancelled policy									x					
S	Second NationalFSB, Crofton Md - CD	x											x						x								
S	Federal & Md. State T.Y. 89 Refund	x		Refund from 1989													Refund						x				
S	McMillen for Congress - Rents for office telephone system & office equipment owned by Mr. McMillen	x											x							x Gr and Net							
S	Summit Capital Corporation- Stock	x								Liquidated	x											x					x
S	Computer Technology, Atlanta Ga-Stock			x							x							x									
S	Leadville Mining -NYSE		x								x							x									
S	Northwestern Mutual-Life Ins. Policy				x						x							x									
S	American Beeper Assn.-~~Ltd-Deb~~ .7%							x			x							x									x

Reporting Individual's Name
C. Thomas McMillen (1990)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Page Plus, Inc.-Annap., Md. Stock			x																							x
S	GMG Development, Inc.- Crofton Md Stock			x																							x
S	NCNBank, Laurel, Md. Escrow (mtg)	x											x					x									
S	Prudential Bache- I.R.A.		x										x						x								
S	Amer. Beeper Assn., Columbia Md -Note						x						x					x									x
S	Office Equipment,(furn, computers,			x						Gross																	
	phone sys, printers)		x							Net less depreciation																	
S	James K. Gibson	x											x & principal					x									
S	Washington Bullets Basketball Assn., Largo, Md.				x					* see Agreements							Deferred						x				
																	Compensation										

Reporting Individual's Name
C. Thomas McMillen (1990)

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X) Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Page Plus, Inc., Annapolis, Md.- Stock	x			12/90		x					

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
C. Thomas McMillen (1990)

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	GMG Partnership , Crofton Md. (33.33%) Lmtd Psh			x	6/1/90		x					
S	GMG Development, Inc. - Crofton, Md. - Stock			x	6/1/90		x					
S	Summit Capital Corp. Atlanta, Ga. -Stock (Liquidated)		x		11/90	x						
S	Amer. Beeper Assn., Columbia, Md.-Lmtd Psh- 7 % -Capital Contrib				9/90, 9/90 12/90					x		
S	Amer. Beeper Assn., Columbia, Md.- Demand Note- Unsecured				2/90, 3/90 4/90, 5/90					x		

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Amer Sec Bank-Wash DC -	Demand Note- Unsecured					x		
S.	United Bank & Trust, Crofton, Md.	Demand Note- Unsecured		x					

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Univ. of New Mexico		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
University of New Mexico Speech	Jan 7-8,1990	Airfare: San Francisco to Albeq. New Mexico 1 nights lodging, meals, ground transportation	
Greater Miami Chamber of Commerce Congressional Workshop Speech on	jan 11-14, 1990	Airfare: Dulles-Miami-National 3 nights lodging, meals, ground transportation	
Political, Economic & Security Issues in the Western Hemisphere			
New York Stock Exchange Tour Participant	Feb 13-15, 1990	Airfare: BWI-NY 1 night lodging, meals, ground transportation	
Securities Industries Assn Speech		1 nights lodging, meals, ground transportation	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1980	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1980	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Assn of Broadcasters Speech		Apr 1-2,1990	Airfare: BWI-Atlanta-National 1 nights lodging, meals ground transportation	
Chicago Research & Trading Group Speech AND		May 10-12 1990	Airfare: BWI-Chicago-BWI 1 day: meals, ground transportation	
Chicago Board of Trade Speech			1 nights lodging	
National Cable T.V. Association Speech		May 20-21 1990	Airfare: National-Atlanta-National 1 nights lodging, meals, ground transportation	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☒

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
US Tobacco Speech	May 25-26 1990	Airfare: Indiannapolis-Natl Private Plane:Indiannp-Natl 1 nights lodging, meals, ground transportation	
Personal Travel:	May 25-26 1990	Airfare: Indiannapolis-LA-BWI 2 nights lodging, meals, ground transportation	
KISS Radio Event, Participant	June 1-3 1990	(Boston) Ground Transportation	
Personal Travel/ Expense	June 1-3 1990	Airfare: Natl-Boston-Natl 2 nights lodging, meals	
Georgia Olympic Day Organizing Comm Participant	June 15-17 1990	Airfare: Natl-Atlanta-Natl 2 nights lodging, ground transportation, 1 nights meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page [illegible].

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2 1990	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
	ABC Corporation	Aug 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Volvo North America Seminar Participant		Aug 8-12 1990	Airfare: Dulles-Frankfort-Berlin-National 4 nights lodging, meals, ground transportation	
Personal travel/expense		Aug 12-16 1990	Airfare: Berlin-Stockholm-NY 4 nights lodging, meals, ground transportation	
Phillip Morris Management Corp Speech		Sept 8-9 1990	Airfare: Natl-NY-Natl 1 nights lodging, meals	
Personal travel/expense			ground transportation 1 night	
Knight Foundation Commission on Intercollegiate Athletics, Participant		Sept 23, 1990	Airfare: BWI-West Palm-BWI Ground transportation 1 day	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 18.

NONE ☒

Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Securities Industry Assn Speech		Nov 29- Dec 1, 1990	Airfare: Natl-Fla-Natl 2 nights lodging, ground transportation, meals.	

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*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Member, Board of Directors	Wellness Community of Baltimore-Annapolis
Member, Board of Directors	Development Council, BWI Airport
Member, Board of Directors	International Visitors Center
Member, Board of Directors	Maryland Boys & Girls Club, Inc.
Advisory Council	Paul Nitze School of Advanced International Studies of Johns Hopkins University
District Member-At-Large	Four Rivers District, Boys Scouts of America

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

GPO: 1991 37-589 (m)

Reporting Individual's Name

C. Thomas McMillen (1990)

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Directors	American Red Cross, Central Md. Chapter, Southern District
Member, Board of Directors	Bywater Boys & Girls Club
Member, Board of Advisors	Doug Williams Foundation
Member	Melwood Foundation
Member, Advisory Council	Chrysalis House, Inc.
Member	Commission to save the Lighthouses

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1990	Simon & Schuster, Dupree/Miller & Assoc., Inc. & Summit Books	As co-author, Mr McMillen will share
	And Co-Author Paul Coggins	in advance royalties and sales of trade
		edition based on a percentage of catalog
		retail price and net proceeds received on
		disposition of other primary rights.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

GPO 1991 37-069 (m)

Reporting Individual's Name
C. Thomas McMillen (1990)

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Visitors	United States Naval Academy
Board of Visitors	University of Maryland School of Public Affairs
National Chairman	Presidents Club, University of Maryland
Advisory Board Member	The Benedictine School Foundation
Member	Knights Foundations Committee on Intercollegiate Athletics
Member	Board of Directors, Sheltered Workshop of Anne Arundel County (Glen Burnie)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1985	Washington Bullets Basketball Assoc., Landover, Md.	Deferred Income - a portion to be paid Jan. 1990, 1991, 1992 -Total $80,000.00
1982-85	National Basketball Assoc., N.Y., N.Y.-Contracts regarding severance pay, licensing payments and pension fund.	Sev. Pmt: 4/90 & 4/91-2 pmts $6600 each Lic. Pmt: 1997 through 2001 - 5 pmts. $11000.00 each
	Subject to change by vote of players assoc. Contract details:	Pension: $16,500.00 pbl. @ age 50 until death.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1991

GPO: 1991 37-588 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1991 MAY 28 AM 7:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ MC MAY 22 1991 ②
(Office Use Only)

C. Thomas McMillen
(Full Name)

1167 Jeffrey Drive
Crofton, Maryland 21114
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives State MD District 4	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	[✓ ☒ Amendment]	☐ Termination Termination Date:

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	

For additional earned income, use next page

Reporting Individual's Name
C. Thomas McMillen (1990)

AMMENDED

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A	B	C	D	E	F	G	H									I	II	III	IV	V	VI	VII	VIII	IX	
				none (or less than $1,001)	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		none (or less than $201)	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
S			Dogglas & Chamberlain, Ltd (Stk)Bahama			X																							

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1990**	**FORM A** For use by Members, officers, and employees

[illegible]
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Michael R. McNulty
(Full Name)

86 West Street
(Mailing Address)
Green Island, New York 12180

Filer Status ☒ Member of the U.S. House of Representatives State: New York District: 23rd ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

HAND DELIVERED

MC (Office Use Only) 7

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate confidential list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$8,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	National Association of Letter Carriers (January 24, 1990)	Honorarium	$2,000	
	New York Telephone (February 7, 1990)	Honorarium	$1,500	
	LTV (April 4, 1990)	Honorarium	$2,000	
	Bell Helicopter Textron (April 5, 1990)	Honorarium	$2,000	
	Connell Rice & Sugar Co. (March 19, 1990)	Honorarium	$2,000	
	Rockwell (April 24, 1990)	Honorarium	$2,000	
	Northrop (May 11, 1990)	Honorarium	$2,000	
	Textron (August 13, 1990)	Honorarium	$1,000	
	National Hotel & Restaurant Employees Union (August 9, 1990)	Honorarium	$2,000	
	National Association of Letter Carriers (August 21, 1990)	Honorarium	$2,000	

For additional earned income, use next page

Reporting Individual's Name
Michael R. McNulty

PART I—EARNED INCOME, INCLUDING HONORARIA

Continuation Sheet (if needed)

Source (include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Chicago Board of Trade (September 7, 1990)	Honorarium	$1,000	
Chicago Mercantile (September 7, 1990)	Honorarium	$1,000	
CNA Insurance (December 6, 1990)	Honorarium	$1,000	
Connell Company (December 7, 1990)	Honorarium	$2,000	
Green Island Insurance (Commissions)	insurance commissions	$5,500	

Reporting Individual's Name
Michael R. McNulty

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
			Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC).	Category of Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
			Green Island Insurance			X							SEE PART I																

For additional assets and unearned income, use next page

Reporting Individual's Name
Michael R. McNulty

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	New York State Employees Federal Credit Union	Personal Line of Credit	X						
	(*Paid off prior to May 15, 1991)								
	Norstar Bank of Upstate New York	Personal Line of Credit		X					

Reporting Individual's Name
Michael R. McNulty

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18.

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
General Motors Corporation	set of Civil War video tapes	$110

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1990	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1990	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
LTV/Bell Helicopter Textron	11 & Mar 12,1990	air travel from Albany, NY to Dallas, Fort Worth, Tx to Wash.D.C. hotel,food	
Connell Rice & Sugar Co.	3/19/90	air travel from Albany, NY to Newark, NJ and return to Albany lunch	
Rockwell International/Northrop	4/16/90 4/17/90	air travel from Albany, NY to Los Angeles and return to Dulles hotel, meals	
Textron	8/13/90	air travel from Albany, NY to BRidgeport, Conn. and return to Albany, NY, lunch	
National Association of Letter Carriers (speech)	8/21/90 8/22/90	air travel from Albany, NY to New Orleans, La. and return to Albany, NY, hotel, meals	

**SEE CONTINUATION SHEET

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

CONTINUATION SHEET

PART VII - REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	DATES	BRIEF DESCRIPTION AND NATURE OF EXPENSES
Chicago Board of Trade Chicago Mercantile	9/7/90 9/7/90	air travel from Albany, NY to Chicago O'Hare, return via Washington, D.C. to Albany, NY (direct flight from Chicago to Albany, NY was cancelled due to bad weather)
Connell Company	12/7/90	air travel from Washington, D.C. to Newark, NY and return to Albany, NY, lunch

Reporting Individual's Name
Michael R. McNulty

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board of Directors	Capital Region Technology Development Council (NOT COMPENSATED)

PART IX—AGREEMENTS

Identify the date, parties to, and terms or any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
Michael R. McNulty

DATE (Month, Day, Year)
May 15th, 1991

GPO 1991 37-580 (m)